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GUY'S HOSPITAL GAZETTE

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PASSIM

THOSE of us who have yet to do National Service must be looking anxiously at the rapidly changing world situation ; doctors, by tradition non-political, are always in the thick of any upset that is going on. For this reason our reflections in this *Passim* are somewhat non-parochial.

In the adolescence and grown-up life of any great nation some hard lessons are learned, and in the mature sagacity that comes with the years the value of these lessons is appreciated. So it is that over two hundred years we have attempted to understand Middle-East mentality and, gracefully, have failed ; as so many great powers have done throughout history. We have made no worse an attempt at it than most ; and in the main our influence has been stable and mature. Let us hope that America will learn by the lessons we have had, and will use her influence to bring peace to a stormy corner of the world.

In the case of Greece, whose entirely natural hopes and aspirations for the welfare of her nationals have given rise to so much violence and mutual misunderstanding, give us leave to quote that greatest of Hellenophiles, Lord Byron. His words echo down over 140 years : " The fact is, we are deplorably in want of information on the subject of the Greeks, and in particular their literature, nor is there any probability of our being better acquainted, till our intercourse becomes more intimate and their independence confirmed . . . They are so unused to kindness that when they occasionally meet with it they look upon it with suspicion, as a dog often beaten will snap at your fingers if you attempt to caress it. 'They are ungrateful, notoriously, abominably ungrateful'—this is the general cry. Now for what, in the name of Nemesis, are they to be grateful ? Where is the human being that ever conferred a benefit on Greek or Greeks ? "

Nothing whatever excuses violence, but by those who shape policies let it be remembered that to Greece, perpetually overrun by invaders, perpetually bought and sold, perpetually robbed of her antiquities, national pride is a very important thing.

We belatedly but sincerely congratulate Dr. Russell Reynolds on the award of the 1957 Medal of the Centre Antoine Béclère des Relations Internationales en Radiologie Médicale, for his "pioneer work in the field of Medical Radiology". Dr. Reynolds took his first X-ray picture in September, 1896, only nine months after Röntgen first reported his discovery of X-rays, and was later for many years Consultant Radiologist at the Charing Cross Hospital.

As we go to press, we note with great interest the letter from the Superintendent, to be found on page 71, announcing that the new surgical block is to bear the name "New Guy's House". This conservative choice can scarcely arouse opposition except on the ground that it is unlikely to come as readily to the tongue as "York", "Nuffield", or "Hunt's House". All will welcome the perpetuation of Thomas Guy's name in what is to be the successor to his original hospital around the colonnade in housing the surgical wards.

The recent Annual General Meeting of the Students' Union decided, among other things, to start afresh the dormant organ of opinion and humour known as *Pulse*. In a rather chequered history, *Pulse* has appeared in many forms, most recently as a lively but infrequent wall-newspaper. Under the new editor, Mr. Michael Craft, it is expected to appear in booklet form after the style of the *Gazette*, and at more frequent intervals. This hope depends for its materialisation, however, on the support and enthusiasm not only of contributors, but of others, preferably knowledgeable, who will help with the production and business side. Any such ladies or gentlemen should contact Mr. M. Craft, c/o the Front Lodge.

We recommend to all who are in London on 26th February, a ticket for the Rugby Football Club's Annual Dinner and Ball at the Dorchester Hotel, as a pass to what promises to be an extremely enjoyable evening. Messrs. M. Sanders and G. Bury still have tickets available for what is now, with the Grand Ball, one of the only two Students' Balls of the year.

Shrove Tuesday is with us again—and will again pass unmarked except by the brief proliferation of pancakes. Few now recognize in this the mediaeval farewell feast of eggs, not again to be enjoyed until the ceremonial Easter Egg marked the end of the six-week Lenten fast. Well might the mediaeval small boy have grumbled "Festina Lente" ! Though penance has given pride of place to the pancake race, we can all regret that the picturesque part of Lent has not carried with it into the present day, at least the yearly habit of seriously considering whether one is quite the fine fellow that one seems at a casual inward glance.

We congratulate the Rugby Club on reaching the semi-final of the Hospitals' Cup by defeating King's College Hospital in thick fog at Richmond on 30th January. We look forward to better weather and an even larger crowd to support them when they meet St. Mary's on 19th February, again at Richmond.

The battle for circulation among our contemporaries reached fever pitch, we thought, when a ladies' magazine advertised on its cover a competition with the prize line "Win a Free Husband !" The editors of the *Gazette*, stung to retaliation, are considering offering as a prize a free operation; the effect on the circulation might be more noticeable, though, if we produced an L-shaped edition, with pop-up pictures !

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Rectal Bleeding.*
17th	M	1.00	Dr. Charles Baker. Clinical Lecture. *Arterial and Venous Pulse in the Neck.* With a film.
		5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Biochemical Tests of Endocrine Function.* Guest speakers: Dr. W. Merivale and Dr. I. Somerville.
18th	T	1.00	Dr. E. J. Crisp. Clinical Lecture. *Disc Lesions: Acute, Chronic and Silent.*
19th	W		Hospitals' Cup Semi-Final. 1st XV *v.* St. Mary's (Richmond).
21st	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
			Professor H. R. B. Fenn. Dental Clinical Lecture. *Damage by Partial Dentures.*
22nd	S	10.00	Clinico-Pathological Meeting. Department of Surgery.
			Rugby. 1st XV *v.* Exeter (H.O.P.).
24th	M	1.00	Dr. Jan Brod (University of Prague). Clinical Lecture. *Hæmodynamic Aspects of Hypertension, with Special Reference to Pathogenesis of Essential Hypertension.*
		5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Sex Inversion.* Guest Speaker: Dr. P. Polani.
25th	T	1.00	Professor R. Knox. Clinical Lecture. *The Hospital Staphylococcus.*
27th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Pancreatic Disease.*
28th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture. *Acidity, Dyspepsia and Peptic Ulcer.*
MARCH.			Exhibition. Department of Surgery. *Fractures of the Spine.*
	S		Rugby. 1st XV *v.* London Welsh (Richmond).
5th	W	4.45	Science Club. Dr. J. D. Williams. *Renal Biopsy.* (Postponed from 8th January).

NOTICES

PUPILS' PHYSICAL SOCIETY

Professor Robert Platt, President of the Royal College of Physicians, will give a talk on *Renal Oedema* at 5.0 p.m., on Tuesday, 18th February, in the Anatomy Theatre.

The students of St. Thomas's Hospital Medical and Physical Society have invited thirty Guy's students to the traditional Joint Clinical Meeting at St. Thomas's Hospital, on Thursday, 27th February. Further details may be obtained from the Medical School, where there is a list for the names of those who wish to attend.

THIRTY CLUB

The 1958 Annual Dinner of the Thirty Club will be held on Friday, 9th May, 1958. Members will soon receive full details.

Sixty Years Ago

From Guy's Hospital Gazette, 5th February, 1898.

The House Committee has been empowered to extend the system of telephonic communication in the Hospital at a cost not exceeding £150.

The Committee have been authorised to carry out certain arrangements with the steward of the Students' Club whereby an improved dietary will be provided for the residents at an additional annual cost of £156.

An enquiry officer will shortly be appointed for attendance in the out-patient department, at a salary of £100 per annum. The appointment, in the first instance, is of an experimental character for a period of one year.

The court has accepted a tender from Messrs. Mackie and Co. for the electric lighting of the North Wing of Hunt's House at a cost of £380.

A sum of twenty-five guineas annually has been granted for the chemical examination of material from the wards, and applications will shortly be invited from candidates desirous of undertaking such examinations.

OBITUARY

MAURICE MITMAN

Maurice Mitman was born on the 27th of January, 1901. He was therefore too young to be conscripted towards the end of the first world war. He came up to Guy's in September, 1918, and entered the wards in January, 1921. His examinational career reads like a fairy tale, but not of the pot-hunting order. It stresses the advantage of the multi-examinational system that we have in London where young men and women can go on from one stage to another according to the shaping of their career. On the surgical side he was under Fagge, Rowlands and Davies-Colley; on the medical French, Hurst and Poulton, with obstetrics under Mr. Bellingham-Smith. He did anæsthetics with Scott and Marston, finishing in eyes and ears under Ormond and Mollison. He had already qualified with the Conjoint which he took while in Clinical under Hurst. During this appointment he gained a certificate in the Golding Bird and while he was A.H.S. to Mr. Fagge took the Charles Oldham Prize. Having been O.P.O. he capped his career at Guy's by becoming H.P. to Dr. Beddard which some believed was the best house appointment on either side at that time. It was not until 2 years and six months after he had finished the appointment of H.P. that he took his M.B., B.S., in which he was distinguished in both Medicine and Surgery.

When I worked with him in later years I had thought he had been with Dr. Barber, so profound and certain was his knowledge of Dermatology. It was, however, at the London School of Dermatology that he got this knowledge and gained the Chesterfield medal there in this subject.

He continued at Guy's as an assistant bacteriologist for a time unspecified, and when he left us in July, 1924, to become an A.M.O. at the Infirmary of the Marylebone Board of Guardians he had had a wider experience of both medicine and surgery than most—a thing which stood him in good stead in the last 21 years of his life when he was doing administrative medicine. He could speak with knowledge and experience in reply to the difficulties of his A.M.Os.. or the complaints of visiting specialists. In answer to both of these he was always kind and helpful with a great humility which has recently been described to me as his most enduring characteristic by one who worked with him for many years.

Though he was *suaviter in modo* he was also *fortiter in re*. No one ever knew him to be rude or unkind in any discussion on a debatable point, to which he would often accede; but when he had made up his mind to the contrary there came an emphasis into his voice, and a stiffening of his joints, that reminded me of the slim little body of the late Mr. E. C. Hughes under similar conditions.

After three years with the Board of Guardians he transferred to a different branch of Poor Law Medicine. When the "New Poor Law" was brought into being by the Act of 1834, it gave authority to the "Guardians of the Poor" set up by it to join together for certain purposes. To the great disappointment of some people with advancing views in the Victorian era this was but seldom used. But the more central parishes of Middlesex, Essex, Surrey and Kent joined together and formed the Metropolitan Asylums Board to carry out certain of their duties, the most important of which was Infectious disease. When Mitman first joined this service as an assistant medical officer, he was appointed to the South-Western Hospital at Stockwell (1.9.27) but at the end of a month was transferred to the North-Eastern at Princes Road, Tottenham, where he came under a great physician and administrator—Dr. Frederic Thomson—who left his mark on everyone who came under him.

The Metropolitan Asylums Board always expected its junior medical officers to be working, outside their routine duties, at something that would improve their mental efficiency, but it took no narrow view, and accepted other things outside medicine such as reading for the Bar. Mitman, having taken his M.R.C.P. (1927) just before he joined the Board, sat for and obtained the M.D. London in the year after he entered it (December, 1928). When he was promoted to become a senior medical officer it was clear that his life's work would be in infectious fevers, with preventive medicine, and he took the D.P.H. of the R.C.P.S. (Royal Colleges of Physicians and Surgeons).

But this did not end his examinational career. The Board had instituted an "ear scheme" which was in two parts. The teaching of the day, particularly emphasized by Sir William Milligan and Mr. Herbert Tilley, was that the treatment of otitis media should be to "catch" it at the first possible moment and perform a

paracentesis. It was the general opinion that this was most likely to occur towards evening; and the Board appointed an "ear-team" at one of its hospitals, subsequently extended to five, of three persons so that they would always be available to go to any part of the hospital at any moment, and that there should always be one of them on duty for the day, who could do an "ear-round" between tea and dinner and seek for the symptoms that preceded the fully-developed otitis media. Dr. Mitman was appointed to the ear-team at the North-Eastern Hospital and held to it so long as he was there (October, 1927, till May, 1935). At the end of about five years all members of these ear-teams, who by then numbered nearly 20, were unanimous that cases in which paracentesis was performed did less well than those in which spontaneous perforation had occurred. That there was greater anxiety in watching whether such a case was going to develop mastoiditis, and that they were impossible to "catch", because the discharge on the pillow was often the first symptom, and because when pain occurred it was frequently late at night and a half-filled hot water bottle for the patient to lie on on the bad side resulted in the child falling asleep again long before an operating team could be collected and the theatre got ready.

It is notoriously difficult to prove the negative but on this occasion it was proven up to the hilt that early routine paracentesis was *not* the proper treatment for acute otitis media. The treatment of otitis media was, however, so improved by these teams exerting a constant routine supervision that they were retained for this purpose until they faded out during the upheaval of the second world war.

Some years after that war Sir Allen Daley said to me that the work done by the members of these ear-teams was pioneer work. Its purpose was achieved; because of the diminution of the virulence of the hæmostreptococcus, aided by the coming of the sulphonamides and penicillin. Mitman is one of those whom we must thank for doing work which gave no glory, but revolutionized the treatment of otitis media at a time when it was a serious problem in clinical medicine.

The other part of the "Ear-Scheme," introduced by the Board, was Radiography of the mastoid which Mitman with another M.O. carried out for it.

Resulting from the influence of the late Mr. Arthur Cheatle, who was a pioneer on the subject, the Board decided to instal a radiographic installation at one hospital, in the first instance, and chose the North-Eastern for this purpose. This was some years before 1927 at which time Dr. Mitman joined that hospital.

Dr. Thomson looked around for an M.O. to be seconded to go to Cambridge, and to take the D.M.R.E. and for a time this worked well. But one M.O. selected was a woman, and there came a time when she became engaged and wanted—as young ladies will—to get married. The idea that any married woman—other than a widow in dire poverty—should be given employment in an institution of the Board was then absolutely foreign to the thought of nearly all the senior doctors and administrators—not to mention the politicians—and Dr. Thomson had to repeat his selection. This time he chose Mitman and he took his D.M.R.E. in August, 1931.

Radiography of the mastoid region was new in those days, but never has it been more efficient than in the North-Eastern Hospital where a clinician who had seen the case, determined on the advisability of the radiogram, where it should be taken, and in what direction the rays should pass through the skull. The plate was then developed and fixed by the same M.O. using solutions of constant strength for a standard time. Never were conditions so good for the study of a new subject.

But Mitman was not a man to remain as a medical officer even with two other "odd jobs" pinned on to it, and in June, 1935, he was called up to County Hall as a Divisional Medical Officer (special hospitals); but he was not to stay there long. In February, 1936, he was appointed medical superintendent to the Eastern Hospital, and thus was repeated an episode interesting to Guy's men of 57 years previously, when Dr. E. W. Goodall had gone straight from Medical Registrar to become its superintendent and to clean it up. No such thing as that faced Dr. Mitman, but it was one of the worse Fever Hospitals, much behind the others in various ways. Mitman had hardly time to think what he should do when he was moved again. The other great Scotsman of the M.A.B., Dr. Cameron of Joyce Green, had resigned. He could not face another winter in England, going around the Hospital gasping for health through blue lips; and on the first of October, 1937, Mitman was given charge of the River Hospitals.

The river hospitals were a concentration of three institutions containing a larger number of beds—other than mental—under one administration than any

other such organisation in the country, or I believe, in the British Empire. The first was Joyce Green, with 1,000 beds, planned and built when the ideas of the members of the M.A.B. had got beyond imitations of Prisons like the Eastern and Western. One of those who helped in its evolution—Mr. Parry, the assistant clerk to the Board—was present at Dr. Mitman's Memorial Service of 13th January. It is one of the best planned institutions in the London area. The next was the Orchard, a hutted hospital planned for the admission with the utmost celerity of a large number of cases. This was because it was hurriedly put up for the Small-Pox epidemic of 1903 which ceased before the prophets estimated it would. Whether it was ever used I do not know; but the beds became of great use for measles and scarlet fever later. In more than one epidemic the figures kept mounting up towards the 2,000, but they never quite touched it.

The third, known as Long Reach, was built on the river bank, when the hulks in which small-pox used to be treated were done away with. It became the first line of defence against this disease in London. Had any case developed into an epidemic, the other two Hospitals would have been emptied and used for it as well. There were various scares and talk used to rise up about this but it never became necessary. In Joyce Green Mitman took over one of the most perfectly run hospitals in London, for Dr. Cameron was a very great administrator. But his mind was not one to leave things as they were, and he at once asked that use of the small separation ward should be converted into an operation unit, to avoid any possibility of an operation again having to be done in an improvised theatre in the separation room of the ward concerned.

Guy's men and women who worked at Joyce Green during the second world war may be grateful to Dr. Mitman, for this equipment for the hospital was just being delivered. Two years is not too long for the development of a new idea such as this was. It has first to be mooted, then discussed with senior M.O.'s on the staff, put up to the local committee, then referred to the Matron and steward for it to begin to get into shape. Then it had to go up to County Hall—for the M.A.B. had been absorbed into the L.C.C. Hospital Service—and approved in principle by the higher committee there. Then it must be put before the finance committee and the architect called in. During all this time it may have to go back to the source, once, twice, or even more times. After it was passed by a Council meeting there were structural alterations to be done; and equipment to be decided on—with a considerable amount of advice given by everyone in the place. And so, I say, two years was not a bit too long for such a thing to materialise ; and Mitman was ever grateful to Philip Turner for the help he gave him with this. Just at the time when a hospital designed for infectious diseases, which means mostly children, was being converted into one designed for modern men, Mr. Turner took on the whole of the furnishing and arrangement of this new operating unit.

The work done at Joyce Green by the Guy's personnel has been described more than once in the *Gazette* and elsewhere, and so needs no repetition here, especially since it hardly came into Mitman's life, though he was responsible for it all.

It is doubtful whether the further years of his life were very happy. Dr. Cameron used to say that when Joyce Green was shut down and opened again when a fresh series of epidemics arose it was two years before it again became a "Hospital". But that was under the same administration. How much more wearing must it be to come under a new administration at similar intervals of time. Yet that is what happened to many of the hospitals of London. The Act of Mr. Neville Chamberlain of 1929 which brought them all under the L.C.C. was a necessary preliminary to any National Health Service; and the improvements made by the Council under Sir Frederick Menzies and his satellites in 10 years was almost unbelievable. Then came the war and many of them, including Joyce Green, in whole or in part, passed under the Emergency War Scheme. The war ended and back they went under the L.C.C. again, but with many changed conditions. It was then that Mitman was made an F.R.C.P. Another two years passed until the new Health Service brought all together. under another organisation. One who is 100 per cent. National Health Service is entitled to say that some things might have been better had they been left alone; and with others, I have thought it a mistake to have cut up London and divided it into four instead of leaving it as it was. Had there been no second war and had the hospitals been left under the organisation that Sir Frederick Menzies was building up, London would, I believe, by now have had the finest hospital service in the world.

Think of Mitman in terms of such an hypothesis. After three temporary starts he went through another which involved a totally new orientation. Instead of a great hospital of a great city, his became a big hospital in a suburban area. He lost all touch with the men and women with whom he had worked at County Hall, who were thinking imperially; and came under suburban doctors thinking locally, with every single thing changed, from the decision as to admission to his hospital, to the supply of hypodermic needles. He had suppressed himself very largely for the nation's benefit during the war; and the new conditions then suppressed him. He was beginning to carry out when nearing 50, the dreams of 37 years of age. About 8 years ago he began to have attacks of angina pectoris, but with this disorder no one knows how long before these have become established it has existed. There have been little grumblings put down as trivialities or not noticed.

Angina Pectoris has always been thought to have a "nervous" origin or perhaps with the change of words we should today call it "mental". The state of mental anxiety which makes a man realise that he has not done what he set out to do, with the feeling that the scales were weighted too much against him and that now there is no going back to start again.

His attacks grew worse. He fought against them and carried on, but then there came the time when he could no longer do so and had to take to his bed for a shorter or longer time.

His colleagues, for a couple of years, did him the honour of making him the president of the epidemiological section of the Royal Society of Medicine. He found it hard to take the chair at their meetings, but he carried on. That ended with September in last year and he returned to his routine at Joyce Green; and then one day he laid him down and passed peacefully away and that was on the 13th of December, 1957.

The memorial to Maurice Mitman will lie in the hearts of those, men and women, old and young, who were fond of him and admired him greatly.

T.B.L.

THE ARMS OF GUY'S HOSPITAL

By H. St. JOHN RUMSEY, M.A.

On May 24th, 1725, a Grant of Arms was made by John Anstis, Garter King of Arms, to the Corporation for the Management and Disposition of the Charities of Thomas Guy of London. The **blazon** (the official description of the Arms in heraldic terms) is:

" Sable, on a chevron or, between three leopards' heads argent, each crowned with an Eastern crown of the second (gold) as many fleurs-de-lis azure." **Crest**: " On a wreath of the colours, a woman sitting accompanied with three children proper, habited azure, being the emblem of Charity." **Supporters**: " On either side, an angel proper habited argent, the hair and wings or, each holding a book proper, the clasps or." **Motto**: " Dare quam accipere."

A typical Heraldic Achievement such as might be *granted* to any public body, as perhaps a City Company or Borough. *Supporters* are very seldom *granted* to private families outside the peerage.

The central and most important item in any Grant of Arms is the shield; that is why it is described first, that is, in the first paragraph of the *blazon.* In lay language it might be described as a black (sable) shield on which is a gold (or) chevron, between three leopards' heads silver (argent) each crowned with an Eastern crown of *the second* (gold, the second mentioned tint), on the gold chevron being three blue (azure) fleurs-de-lis. Everything that surrounds the shield is secondary in importance compared with it. Taking these in turn:

The *crest* is self-explanatory as an emblem of Charity; it is on a *wreath* or *torse* " of the colours." A crest is fastened to the helmet by a twisted band of the two chief tints of the shield, in our case, *sable,* the colour of the shield, and *or* the metal of the chevron.

The helmet in an Heraldic Achievement serves a double purpose, it carries the *crest* and denotes the rank of the grantee of the arms. Thomas Guy being a London citizen it is difficult to account for the introduction of a Bavarian tilting helmet into his Grant of Arms. It could be accounted for in several ways, the Garter King of Arms may have had strong Bavarian interests or it might be due to the heraldic

artist who was given the work of depicting the arms on the *Grant* and drew a Bavarian instead of an English helmet, but the fact remains that Thomas Guy was a London esquire and his rank is best shown by an English esquire's helmet.

May I suggest an illustration? For a formal wedding or funeral morning dress and top hat are worn. If a man having to attend a funeral and possessing only a grey top hat, attended the funeral in it, he would be wearing incorrect head gear! He might argue that he wore morning dress and a top hat; agreed, but the hat was the wrong colour!

In the past there has been a lot of argument about the helmet on our arms and I have always regretted the fact that Guy's being the only teaching hospital able to give the date of its Grant of Arms, should perpetuate an obvious mistake from the heraldic point of view and follow it up by another by displaying a helmet resting on the shield but without the crest resting on it, which should be the sole reason for its inclusion. The shield without the helmet, as it is usually shown on the Gazette is correct from every point of view.

The mantling or *lanbrequin* is the name of the elaborate flowing cloth suspended from the top of the helmet, the first purpose of which was to absorb the heat of the sun and perhaps to entangle the sword of an attacker. The heraldic artists have made the most of it to provide additional decoration to the arms, by reducing it to a gracefully curved pattern of two tints, colour and metal; it follows the tints of the arms as the torse or wreath does.

The shield. Here we are dealing with the most important item, compared with which all the rest is of secondary importance. It may be asked how we got the *leopards'* or *lions' faces*, the *fleurs-de-lis* on the *chevron* and the *chevron* itself. All

these being the *charges* depicted on the sable shield. It will help us to note how these same *charges* have been used in other Grants of Arms. The *chevron* appears in nine coats of arms of colleges at Oxford, in one at Cambridge and in thirty-five of the seventy-five Livery Companies of London. *Lions* appear in the arms of seven colleges at Oxford and in five at Cambridge. *Fleurs-de-lis* appear in one at Oxford and in four at Cambridge. In passing it may be said that in most of the arms of the colleges at Oxford and Cambridge, the arms are those of the founders or co-founders.

When an application is made to the College of Arms for a Grant of Arms, suggestions are made on both sides and discussions take place. Obviously the Heralds with their vast knowledge and experience do most of the suggesting because they and they alone know what is available. In our case nothing is more likely than a suggestion that our arms should follow the general pattern of so many public bodies including nearly half the Livery Companies of London. The College of Arms record every Grant of Arms and its Officers, the Kings of Arms, Heralds, and Pursuivants are responsible for seeing that the same arms are never granted to two different families etc. Every Grant of Arms is individual to its particular family or to the Company, Borough, etc. This individuality is maintained by the elaborate system of indexing and cross-indexing, filling hundreds of volumes.

When we come to 1725 it is obvious that having agreed on the gold chevron on the black shield, both the shield and chevron would have to be " differenced "

by further charges, and what is more likely than that the *charges* selected would be two in very frequent use and thus we got our *leopards' faces* and *fleurs-de-lis*.

Some may ask whether we ought to display lions' or leopards' faces; the answer is either, and for this reason. The terms *lions* and *leopards* are to a great extent interchangeable, for instance, the three lions passant in the first and fourth quarters of the Royal Arms as seen on the half-crown have been described as leopards or lions from the early days of Heraldry. It is interesting to note that the *lion rampant* for Scotland as seen in the second quarter on the half-crown would never be described as a *leopard rampant*, always a *lion rampant*. Although there is no fixed rule, when the *charge* consists of a single lion or demi-lion, it is called a lion, but in the case of a group (as the three lions passant) or in our own case of three *faces*, they would be called *leopards' faces* but might be depicted as either.

These extracts from a letter to an old Guy's man, Mr. Edward Billing, are reproduced by kind permission of Dr. Anthony Wagner, C.V.O., LL.D.—RICHMOND HERALD.

"The search you asked for has now been made and it appears that Thomas Guy was not, so far as could be discovered, entitled to any Arms in his life time . . .

The Arms and the Shield are based on those of a family of Guy to whom they belonged in the sixteenth century from whom it would seem that Thomas Guy must have believed he had some descent, though he could not prove it. The angel Supporters holding books must, I think, refer to the angel supporters of the Stationers' Company."

"OH! TO BE A PRIVATE NURSE"

This remark, made by a harassed staff-nurse on seeing my fast-retreating figure disappearing from the ward at 5.30 p.m. one particularly busy evening, made me realise that, on the whole, people have a rather warped idea of the supposed joys of being a private nurse. So for any of you who may be thinking of filling in a few months with this delectable occupation, or have misguidedly decided that after four years of regimentation this is the life for you, let me put before you an aspect of it which, safe in your controlled hospital existence, has possibly never occurred to you.

As a private nurse one must have a headquarters, a home of one's own, unless of course one is fortunate enough to have one's family close at hand ready to receive one back into the fold. If not, there is the task of finding a flat, and even when that difficulty is surmounted the problem of running it. For perhaps four years one has bewailed the facilities provided in 'the home'. The effort of dropping laundry down the chute, of stripping one's bed for clean linen, the inadequacy of the cleaners, and of course the indigestibility of the food. Now at last the joy of independence—until one realises the responsibilities entailed. It was only when a friend unexpectedly stayed one night that I realized the necessity of sending dirty sheets to the laundry, and as for budgeting, prices meant nothing to me. Having put down 4½d. for a large loaf, and been asked by a local baker in scathing tones where I had spent the last ten years, my faith in my shopping ability deteriorated considerably and for the first month I always shopped in bulk so that my overwhelming ignorance would be less apparent. (I realise there will be among you capable, efficient, house-trained people who will find this inapplicable.)

Apart from the domestic problems—and how little one realises the brushing, polishing, and cleaning necessary in a London flat—there is the important task of choosing an agency to supply you with work, and before deciding; it is advisable to discuss the matter with someone who has personal knowledge of the one you have in mind and can answer some very necessary questions. How reliable are they about sending cheques ? Are they considerate in relieving you for "days off"?" Do they try to give you cases near your home or are you going to have to get up at 6.30 a.m. to get to the other side of London by 8 a.m. ? And last, but not least, if you are unfortunate enough to have a telephone do they delight in ringing you at 6 a.m. or 11 p.m. to ask you to report to some isolated spot within the hour ? After a time, having previously neglected to find out these

necessities, one develops the art of directing matters into agreeable channels; but the first few months may be very unpleasant for the uninitiated, so that, "forewarned is forearmed".

Pages could be devoted to the patients themselves, and books written of the strange situations one comes across in private homes. Apart from nursing the patient, one may be called upon to do anything from helping to give an anæsthetic to a cat, as I did .n a veterinary surgeon's home, to washing a chandelier and a poodle as I did for an old American lady. She was convinced that the English knew nothing of hygiene, and carried hers to the extent of making the doctor stand on newspaper when he called, refusing to touch the outside page of a newspaper because of contamination by the paper boy, and insisting on drinking only boiled water and milk because of impurities. One needs all the self-control learnt in training, to keep one's head when dealing with this type of patient who, having had every comfort since birth, accept every luxury as their due ; especially when one remembers wards of Borough patients, half of whom spend most of their lives working so hard that the sheer luxury of breakfast in bed and a rest from the children makes them grateful for any little thing one does for them.

Another aspect to be considered is the daily travelling. No more last-minute scrambling out of bed ten minutes before you are due on duty; and let me dispel any illusion you may have about early travelling. Do you know how many people travel before eight o'clock every morning ? Having boarded both buses and trains crowded with workmen, office cleaners, dockers, indeed, half London's population, my ideas about nurses being the only unfortunate people to rise early, and also any hope I had of peaceful early journeys were soon shattered. In hospital evenings are treasured ; in private nursing one's joy turns to apprehension at the thought of the journey ahead with a frenzied mob of Londoners, intent only on one thing—home at any price. The old saying of the survival of the fittest is very applicable and one is only surprised that so few accidents occur during this perilous period.

Finally, to complete what can only be a brief synopsis of the short-comings of private nursing, let me correct any false impressions you may have about the financial improvement as opposed to hospital salaries. Remember when you receive the apparently vast sum of £11 0s. 0d. for a week's work, that this is not ' pocket money ', nor have you had a day and a half off duty. Rent, food, heating and fares all have to be deducted, apart from the National Health stamps and Income Tax, previously ignored as they were so conveniently dealt with by the hospital. Much better off Private Nursing ? I wonder.

Of course there is the brighter side—the flexible days off, the knowledge that if a case is very unpleasant it probably will not last very long, and the experience gained by going to other hospitals and working a great deal on one's own, but as this is primarily a warning to would be ' privateers ' I will ignore that aspect and end with a message to the uninitiated.

Before envying the ' easy ' life of the private nurse, break away and try it !

K.O'H.

A RECLUSE IN S.E.

A fellow residing in Dorking
Who's normally often uncorking
Is at Guy's a recluse,
Deprived of his booze
And his office work, digging and forking.

He was asked "Don't you find that this lull, Sir,
"Comes upon you exceedingly dull, Sir ?"
He replied "Well, you see,
"From 'RECLUSE' take 'S.E.'
"And I'd have a return of my ULCER".

"While thus supine, not 'dull' do I term it,
"Not as gasteropod do I worm it.
"The attention one gets
"From the nurses and vets
"Makes my normal life seem like a hermit".

F.E.A.

CORRESPONDENCE

Letters to the Editor of the Gazette

New Surgical Block

From the Superintendent.

SIR,—Your readers will be interested to hear that the Board of Governors has now considered the numerous suggestions which have been made, through the medium of the *Gazette* and by correspondence, for a suitable name for the New Surgical Block. The Board has decided to name the new building "New Guy's House".

Yours etc.,

W. D. DOHERTY,
Superintendent.

Guy's Hospital, S.E.1.

Amalgamation of the Students' Union with the Students' Club

SIR,—At the recent A.G.M. of the Students' Union the proposal that the Union should amalgamate with the Students' Club received strong support, as indeed a similar motion did at the last A.G.M. of the Students' Club. As the subject is almost certain to be raised again at the next Students' Club A.G.M. on 25th February, it might be appropriate to ventilate the issue in your columns.

Few students understand the differences between the Union and the Club unless they have made a special study of the Clubs' Union handbook—and even then with difficulty. It would not, of course, be surprising for Guy's to have a unique and superior system, but unfortunately with the Unions and the Club the reverse now seems to be the case, the principal sufferer being the Students' Union. This Union has no responsibility, no respect, no premises, and no resources ; its only real function being to represent. Ironically most of the queries members refer to their representatives relate to the premises of the Club: the three student representatives to the Clubs' Union Council are also appointed by the Club ! It is surely hardly surprising then that the amalgamation of this impotent body with the Students' Club is welcomed by its officers and members.

However, at the A.G.M. of the Students' Union, it was suggested that we should refrain from voting for amalgamation, as this might cause ill feeling between students and staff. Clinical students and those who have come in contact with the Medical School and Consultants in other ways will feel the speaker to have been mistaken, knowing how understanding the Staff invariably are. My own experience in the Debating Society, for example, has always been of their going out of their way to be helpful; and only recently the Clubs' Union and the Staff went to some trouble to discover the views of students on another proposal, that about Nurses' membership. I feel sure they would welcome a frank expression of view on the amalgamation issue too.

Yours etc.,

IAN CHRISTIE.

Guy's Hospital, S.E.1.

Guy's Theatre Club

SIR,—May I use your columns to announce the forthcoming production of the Guy's Theatre Club? The play is "You Can't Take It With You", a comedy by two American authors, Moss Hart and George S. Kaufman, and it enjoys a great reputation on stage and screen on both sides of the Atlantic.

It will be given in the Physiology Theatre at 8 o'clock each evening, from Tuesday, 4th March, to Friday, 7th March, with a dress rehearsal on 3rd March. Tickets are available on application to the Secretary, or by personal call at Smith's bookshop in the Park between 1 p.m. and 2 p.m., from Monday, 17th to Friday, 21st February, and Monday 24th to Friday, 28th February. There is no charge for seats, but there will be a collection in the interval to cover expenses.

Yours etc.,

RICHARD A. LEWIN,
Hon. Secretary, Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

Guy's Reunion in North America

SIR,—After reading your remarks in *Passim*, concerning the possibility of a Guy's reunion in North America, and the more recent letter in the *Gazette* from Dr. J. H. Kerr on the same subject, I feel that you should be reminded that such a reunion has indeed already taken place and been duly recorded for posterity in the pages of the *Gazette*.

Dr. David Brunsdon, now a pathologist at Fredericton, N.B., and myself arranged this first reunion on the occasion of the joint B.M.A. and C.M.A. meeting held at the Royal York Hotel, Toronto, in June, 1955. About thirty Guy's men and their ladies attended and duly drank the health of their Alma Mater.

I am delighted to read that a move is on foot in Ontario, where the majority of "Canadian" Guy's men are located, to hold another reunion in the near future and wish them every success in a venture which should at least be easier geographically than our own efforts to arrange a party in Toronto from the comparative wilds of the Maritimes some thousand or more miles away.

Yours etc.,

HEREFORD STILL.

20, Regina Terrace,
Halifax, Nova Scotia,
Canada.

Rugby Football

SIR,—The Rugby Team have won their first round of the Inter-Hospitals' Cup, and we must congratulate them. It is now up to all those who are interested in Rugby Football at Guy's to give them all the moral, physical and vociferous support they can.

As a player from a long time back, I have been surprised at the relatively few spectators at matches at H.O.P. Most players will agree that it is the stimulation of enthusiastic support that can produce the flash of genius required to win a tough game.

This year's team are keen, fit and knowledgeable. They are led by an excellent captain and constantly aim to play the best kind of Rugby.

They can win the Cup. They can win a lot of other matches, too. All they need is a bit more enthusiasm on the touchline.

Yours etc.,

L. B. HILTON.

Monk's Way,
Westerham, Kent.

REVIEWS

Essentials of Modern Surgery. Edited by R. M. HANDFIELD JONES and SIR ARTHUR PORRITT. 5th Edition, 1957. Edinburgh. E. & S. Livingstone Ltd. *Price 75s.*

The new fifth edition of this book has been very extensively revised and is generally very satisfactorily modern in its descriptions of treatment. One of the main attractions of the work is that it has all been written during what we may call the modern era of surgery and it has not got the heavy weighting towards the archaic that is still a feature of some well-known texts.

The contributors are all distinguished in their own fields and include surgeons from several centres, although the main contribution is from members of the St. Mary's Hospital staff.

This is a textbook of surgery for the practitioner which makes little attempt to deal with the theoretical basis of surgical work. It is a book of surgical practise rather than of surgical thought or science. It is a matter of dispute whether more attention should not be focussed on basic problems such as the principles of tissue healing and the metabolic events of surgery than is manifest in this book.

Most of the chapters are very adequate in their scope and are well-written synopses of their chosen subjects. The illustrations are generally good—perhaps more use could be made of colour but this is perhaps likely to add too much to the cost of production. The book can be recommended to students who want

an adequate and safe textbook of the whole of surgery and whose main goal is to obtain enough information for the final examination. Those people who have any urge to read more deeply into fundamental subjects will be better advised to look again around the shelves of their bookseller, for dogma, sound and clear, is the message of this work.

P.S.B.

Practical Biology. By C. J. WALLIS, M.A.(Cantab.). Vol. I : Practical Zoology. Fourth Edition. 317 pp. and 173 figs. in the text. London : Wm. Heinemann (Medical Books) Ltd., 1957. *Price* 24*s*. net.

This book, first published in 1935, has now reached its fourth edition. Since it has for some time enjoyed a ready sale it would appear that it is a fairly popular book. There are many reasons why this should be so, but it does not follow that the book is therefore a good one. In fact, though it sets out to be something of a textbook in addition to being a practical guide, it fails both in the text and in the text-figures to be either concise, clear, or accurate. It does nevertheless succeed in bringing together a large amount of useful information which otherwise is only to be had by recourse to quite a number of other books, some of which are considerably more expensive than this. The book contains, for example, a section on microscopic technique, another on elementary biochemistry, another on experimental physiology, while the appendices include the preparation of reagents and details of various biological methods (including a questionable method of pithing a frog). None of this, however, justifies the lack of clarity and the numerous inaccuracies in the main text and figures. It is no excuse to say, as stated in the preface, that "many of the illustrations in this manual are intentionally diagrammatic or semi-diagrammatic", or that the student "should *not* copy diagrams from a book". A street map with streets wrongly named, or showing streets where they do not exist is not only useless but misleading to anyone trying to use it.

Large, clear diagrams showing *methods* of dissection or observation would be of far greater value to the student than the present figures. Figure 61, showing stages in the dissection of the afferent branchial arteries of the dogfish, is a step in this direction, but even here each of the eight stages figured shows at least one fundamental error. Again, in several places the student is positively discouraged from pursuing his work further than the limits set by the book. Surely this is quite unnecessary !

It is particularly to be regretted that, when new material is inserted in a book, it should add to the already long list of errors perpetuated year after year by this and other elementary zoology texts. Thus, on p. 143 there is a note in small print concerning the occipital nerves of the dogfish (which are very small) which appears to equate them with the hypobranchial nerve (which is large and mostly spinal in origin). The facts concerning these nerves are well known from the classical study by Norris and Hughes (1920, *J. Comp. Neurol.*, **31**, 293-395). Similarly, the buccal branch of the VIIth cranial nerve of the dogfish is described and figured as "a small nerve" supplying the "mouth", whereas in fact it is a large nerve, larger than the maxillary division of V, and it supplies the important ampullary sense organs below and in front of the orbit. Many other instances could be cited, but these must suffice.

It is a curious fact that the older standard manuals of practical zoology such as those of Marshall and Hurst, G. C. Bourne, or Parker's *Zootomy*, which are models of clarity and accuracy, contain practically none of the errors which have crept in to so many modern junior zoology texts and guides.

This book cannot be recommended.

E.W.B.

SPORT

RUGBY FOOTBALL

Guy's Hospital v. Paignton

At Paignton. Result—Won 8-5

Stories of heavy rain along the South coast had made the chances of a dry game of rugby remote, and the chances of no rugby at all quite a possibility. However, we arrived from Plymouth with Paignton looking quite like a British Railways advertisement.

The weather held for Sunday, and Monday dawned bright and cloudless. The cold sunshine was, however, not quite up to the task of drying the pitch completely, so the game started with the ground looking firm, but in fact, there was an inch or so of very shiny mud beneath the grass. This became more appreciable when each scrum left behind it its own isolated brown lesion.

Examinations and injuries had somewhat depleted our team. Lindsey and Hawley were doing battle at Queen Square, Cooke and Russell were unable to get away, Patterson was injured, and Duff had succumbed to an injury acquired during the course of the previous Saturday. Buirski deemed his knee fit enough, and came in at wing forward to play his first game since Christmas.

Paignton won the toss, and surprisingly elected to play into the sun, but against the wind. From the kick-off Guy's were under pressure, but the assaults into our 25 were brought to nil. In the 5th minute, Nicholas put the ball into our scrum crooked, and a penalty kick was given far out on our 25. The kick failed; stimulated by this, the forwards made good use of the foot crush in relieving pressure, and also in starting an attack.

A scrum near their line nearly brought Guy's a try. Evans, coming up from the blind to the open side of the scrum took an inside pass from Hackett. He was pulled down short of the Paignton line. An almost identical move between the same players paid dividends in the 27th minute. Evans went over between the posts for full back Pagliero to convert.

The first half was excellent to watch; vigorous forward play, with intelligent over-running by the backs and only 5 points in it suggested an interesting second half.

This was not to be. The second half was wild and scrappy, and devoid of spectacular, and even orthodox rugby. Hackett intelligently tried a drop goal, but the ball unfortunately rose only 18 inches. For the next 20 minutes the play was poor. In the 21st minute after the change-over, Pagliero put over a straight penalty, with an excellent kick, to put Guy's 8 points up.

The rest of the game saw Paignton pressing hard. A try resulted in our left-hand corner, and in an effort to save the line Pagliero was injured and had to go off. The kick failed. This was shortly followed by another try for Paignton, which again went unconverted, and the closing minutes left Guy's tenaciously clinging to their slender lead.

It would be unwise to pass any judgement on the game, as Guy's was not at full strength, but praise is due to Harris and Blackwell in the second row, who were towers of strength both in the loose and in line outs. Nicholas and Hacket tmaintained a good liaison ,and Evans was up when needed to take the try-scoring inside pass.

Verdict ?—We should have won by more points. (We always say that, it seems !).

Team: Pagliero; Bryant, Smith, Binstead, Evans; Hackett, Nicholas; Richards, Robertson, May, Harris, Blackwell, Sales, Gritten. Buirski (Capt.).

Guy's v. Coventry

At H.O.P. 1st February, 1958

Result—Lost 3-13

Coventry arrived at H.O.P. for this morning match, with a large contingent of supporters, making the dual-purpose journey to also watch the International at Twickenham that afternoon. Their unstinted shouts of encouragement probably did much for the visiting team who cheated Guy's of the lead only eight minutes from the end of the game, after a most enjoyable match.

Guy's were early in the attacking picture when Pagliero just failed with a kick at goal from a difficult angle near the touch-line. Coventry cleared with an excellent passing movement which took them deep into Guy's territory. After five minutes of line-out play where Dove and Price had a slight edge on their Guy's counterparts, Coventry went wide with a kick at goal, but kept up the pressure as they repeaedly used the touch-line in their attack. With Nicholas for Guy's clearing nicely when the ball came to him from the line-outs, the visitors were only using this method because their more open tactics were foiled by the stolid defence of the Guy's backs, and the good covering of the forwards.

Though largely on the defensive for most of the first half, Guy's twice went directly to the Coventry 25, from a pressure on their own line, when a Lindsey run from a three-quarter movement ended in a set scrum near the Coventry line, and again when from another movement from a free kick, Smith was tackled into touch only a yard from the left corner flag. Wilson for Coventry, standing in at full back for Allison who arrived late, cleared each time and was on a form which must have made the watching International a little uneasy.

Having effectively held the visitors to a half-time draw, Guy's refreshingly did more attacking in the early part of the second half and in a few minutes settled down to brisker three-quarter movements. A line-out infringement in the sixth minute gave Guy's a penalty and Pagliero put the Hospital ahead with a good kick. Obviously inspired by their lead, the Hospital kept up the pressure for some time, but failed to bring a further score.

This lack of scoring when within easy reach of the opponents' line has been a too common failing of Guy's this season—for no obvious reason other than a lack of confidence. All too often this year hesitation and an unnecessary look over the shoulder for support, has ended a run which would easily have scored.

Eventually, the quick-breaking Coventry backs now tamed the attack to some extent and a long session of midfield play ensued with touch-kicking rarely taking the play much over the two ten-yard lines. It was not until less than ten minutes from the end and soon after Wilson left the field with a leg injury, that Coventry equalised. The referee halted a very dangerous Coventry three-quarter movement to give a penalty against Guy's for a preceding offside infringement. Cole put it safely over and from then on the visitors never looked back.

Melville shortly followed with a try in the left corner from an excellent back movement which started from a ground kick in midfield. It was the same winger who scored again within two minutes, as he fell on the ball having kicked it over the line following a quick pass from a loose maul on the half-way line. Cole converted both with beautiful kicks from near the touch-line.

To sum up, the Hospital defence deserves more than passing praise. It was excellent for does not win matches, and for a more impressive most of the game but unfortunately this alone record it is the previously mentioned fault in attack that needs primary consideration.

Team : K. M. Pagliero; C. E. Evans, J. Leyshon, M. Lindsey, R. J. O. Smith, G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, B. Blackwell, P. Harris, J. Sales, S. A. R. Cooke, A. P. Buirski (Capt.).

HOSPITALS RUGBY CUP

Second Round

Guy's v. King's College Hospital

At Richmond. 30th January, 1958.

Result—Won 11-0

It was in a thick fog that Guy's met King's College Hospital in the 2nd round of the Hospitals' Cup, to win by a goal and two tries to nil. A fog which was unfortunately dense enough at times to limit visibility to twenty yards, and it was difficult to make a correct assessment of the game.

Generally Guy's seemed to be well on top in most phases of the game punctuated by sporadic but determined thrusts by King's deep into Guy's territory—sponsored not so much by superlative skill but by the sheer doggedness which is so typical of Hospital Cup rugby and which makes it the entertaining and uncertain competition it almost invariably is.

Indeed King's were the first to start an attack, and one which ended in a set scrum near the Guy's line. A quick King's heel, saw Harries their useful outside half, hit the crossbar with a very fine attempt at a drop goal. Harries made two more penetrating runs in the early part of the game but backing-up was not solid enough to break the Guy's defence.

Fairly equal, at least for the early part, in the tight scrums, the Guy's forwards were well ahead in the loose, and all in all, our backs had more of the ball than their opponents. Our handling was better too but it was not until very late in the first half that Guy's went ahead with a very pretty movement which started with a short free kick by Hackett from the half way line. Gathered by Nicholas, the ball went back to Hackett, and Cooke, Lindsey and Hawley all made quick ground, before Leyshon took the scoring pass and was over on the right corner. The latter part of the movement being out of sight, it was the aligning of the teams for the conversion which indicated the score to a welcome horde of Guy's supporters. Pagliero converted with a splendid kick from a difficult angle, and Guy's ended the first half with a five points lead.

The second half showed our team well on top, with play almost unbrokenly in the King's 25, and five minutes of scrummages 10 yards from the line in the left corner ended with Hawley breaking through and scoring from a pass by Nicholas from the base of the scrum. The conversion from near the touchline went wide, but was only a brief respite for King's as a different movement from a Hackett free kick, rather more scrappy than the first, ended in a line-out five yards from their line.

With only Hennessy as an answer to Harris, Cooke, and Blackwell, King's College Hospital did not do well in line-outs and it was rather surprising that Guy's did not increase their lead. Not that we were short of near misses. A Hackett and Hawley scissors movement was smothered just short of the line, while a little later on Leyshon would easily have scored but for knocking-on a difficult, delayed pass. A near touch-down by Harris, and an only just short Hackett drop-kick marked further attempts. These, however, do *not* count, and eventually in the 26th minute, King's got away with a long ground kick, which they were lucky to pick up, and in their last determined stand, managed to inch their way to our 25 for a short visit. Pagliero, later gathered a kick and shouldered his way through a number of King's forwards before sending Smith hurtling down the left wing to be tackled into touch well inside the opponents' 25. A little later a Guy's ground kick came through the fog from the left, and went over the line, where from a desperate race of attackers and defenders Hackett touched down Guy's final and unconverted try. Just before the end, Leyshon might again have scored from an orthodox three-quarter movement, had not Hawley cross-kicked, apparently oblivious of his unmarked outside man.

To sum up, certainly a convincing win, but opportunities will not be so easily presented by our old rivals St. Mary's whom we meet in the semi-final on the same pitch on the 19th of this month.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; D. J. Richards, W. M. Patterson, R. W. May, B. Blackwell, P. Harris, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (Capt.).

HOSPITALS JUNIOR CUP

2nd Round

Guy's "A" XV v. U.C.H. "A" XV

Result—Won 12-0

It was a rather dull day at their Millhill ground when U.C.H., having won the toss, decided to play uphill on a very muddy pitch. In the first five minutes Guy's set about the U.C.H. side pressing them well into their own 25. A good break by D. O'Grady very nearly led to a quick try as J. Ransford on the left wing was hustled into touch on the corner flag. After seven minutes Guy's had scored half way out after J. Gritten, breaking through with a pass from M. Sanders, passed to D. Southcott who scored. I. Creed failed to convert. Two minutes later, after a loose scrum J. Sales broke out to tackle the U.C.H. fly-half fifteen yards from his own line; a footrush followed and J. Sales was there again to make Guy's 6-0 up. The referee gave a free kick at conversion for a premature rush by U.C.H. but this again failed.

Guy's continued to press the U.C.H. side well into their own half and 25; heeling nearly every ball from the tight, and having more than 70 per cent. from the loose scrums, the Guy's backs tried hard and well to play an open game in very bad conditions. Special credit must go to D. O'Grady for his fine skill and judgment in this respect.

From a line out 20 yards from the U.C.H. line the Guy's backs moved well and a scrum was given after a skirmish almost on the line. Guy's pushed U.C.H. right off the ball for a good try near the posts. Unfortunately D. O'Grady took too long over his kick, which was charged down by the fly-half.

After 30 minutes Guy's were thus 9 points up, and despite repeated attempts at foot-rushing U.C.H. forwards to force them back, the play seldom passed out of the U.C.H. 25.

The second half followed much the same pattern with Guy's forcing the whole time and the play only going into Guy's half about half a dozen times. P. D. Jackson showed us some very fine following-up and dribbling on many occasions. The scrum as a whole continued to win most of the ball, J. B. Gritten, the Guy's captain, doing noticeably well in the line-out.

Despite repeated attempts and crossing the line three times Guy's did not score again until 28 minutes of the second half had passed, when A. H. Binsted, following a kick ahead by D. O'Grady, tackled the U.C.H. full back R. Randal who had played a very fine defensive game, and N. Treyoot following up dribbled over the line to score unopposed followed by three Guy's forwards. D. Bryant making his debut as full-back failed to convert.

In the dying minutes D. O'Grady attempted a drop at goal and A. H. Binsted dribbled over the line, but the greasy ball slipped away as he tried to touch down. U.C.H. still tried hard but were unable to force Guy's out of their own half and so the score remained at 12-0.

Seventeen Guy's supporters were present, including many of the 1st XV, undoubtedly trying to gain a few tips from this team, who beat them in practice last Saturday.

HOCKEY CLUB

The Semi-final of the Senior Cup Match

Guy's v. St. Mary's Hospital

At H.O.P. Result—Won 5-0

It was a dismal afternoon chosen for the match to be played at Honor Oak Park against St. Mary's Hospital in the 2nd Round of the Cup, for a blanket of fog covered the whole pitch. The pitch was at its best considering the number of games played upon it during the previous ten days.

The toss was won by St. Mary's who chose to defend the upper end. The bully-off began with the opponents only having ten men; yet in spite of their minority they pressed the Guy's goal from the start and in the first few minutes a number of shots from their forwards, ably supported by a strong centre half, only just went wide of the post. However, during the following fifteen minutes the Guy's defence slowly took hold of the game, and the ball was swung across the field, thus opening up the play.

M. Blake gave the lead to Guy's by following up a shot in the circle and scoring the first goal of the match. This immediately had a disconcerting affect on the St. Mary's side who now with eleven men never really took charge of the game at any time during the rest of the match. In the last few minutes before the second half the Guy's forwards played well, moving the ball well amongst themselves, allowing M. Blake to score a good goal to give Guy's a 2-0 lead at half time.

The game rapidly deteriorated in the second half. The ball was no longer hit cleanly about the field by either side. The Guy's defence had very little difficulty in holding the opposing forwards without extending themselves as the game sank to an unexciting level, except for a number of short corners awarded to St. Mary's. However, none of their shots reached the Guy's goal line and the only dangerous shot was well cleared by R. Lallemand.

Guy's were still to increase their lead to four goals to nil. The third goal came from a pass of A. McKenzie to inside M. Morgan who put in a hard shot at the goal. The ball entered the net between the outstretched hand of the goalkeeper and the crossbar. Five minutes from the end Blake was to score the last goal for Guy's and the third one of the match for himself.

The result was very satisfactory for Guy's but the game had been an uninteresting one to play in for none of the Guy's players managed to find their best form during the afternoon.

The 1st XI was as follows:—
B. West; D. A. Wright (Capt.) M. Tuddenham: M. Woodman J. A. Dyde R. Lallemand; A. McKenzie, M. Morgan, M. Steyn, M. Blake, D. Bevan-Thomas.

The 2nd XI have also acquitted themselves well in the Junior Cup by beating St. Thomas's in the semi-final by 4-2, and so move into the final.

The 2nd XI was as follows:—
S. Patience; N. Russell (Capt.), P. Tombleson; C. Berwick, J. Sedgewick, J. Smallshaw; A. Foster, R. Hammond-Dautré, C. Green, D. Pickering, R. Lewis.

BOXING

Guy's Boxing Club will defend the United Hospitals' Championships at Chelsea Town Hall, at 7 p.m. 19th February. *Come along!*

Guy's I v. Old Kingstonians II

At Hampton Wick. 1st February, 1958.
Result—Lost 1-2

This match was played on a firm, well-rolled pitch in good weather conditions, factors which augered well for a good fast game. Indeed, the few supporters, unfortunately all for the Old Boys, were treated to a fast, well-fought game, though there were some scrappy moments. However, with a bit more fighting spirit, Guy's might well have won.

Both teams started off as though they meant business, with the ball swinging from side to side of the pitch. The passing, however, was not as accurate as it might have been.

Guy's took an early lead in their first raid on the Old Kingstonians' goal. They forced a short corner, which was hammered home by Wright. After this Guy's began to play more together and to gain a slight superiority. The forwards were finding their men better and looked likely to add to their total. The fine display of the Old Boys' goalkeeper prevented this, however.

The Old Kingstonians were now playing together more as a team, and putting some dangerous balls through the middle for their forwards to run on to. Their persistence was rewarded following a defensive muddle. The ball ran loose, and the Old Boys' centre-forward scored a nicely placed goal after drawing the Guy's goalkeeper out of position.

This goal encouraged the home team and they kept up their pressure for the remainder of the half. The Guy's defence held firm, encouraged to some extent by the vocal efforts of Tuddenham.

The teams crossed level at 1 goal each. The Guy's team, obviously encouraged by their half-time pep talk, started much better and came near to scoring on one or two occasions. The play was very even, although once again the passing became rather erratic. The early promise of the Guy's forwards was marred to some extent by their lack of variation of movements. The Old Boys' defence gradually became accustomed to the Guy's rather stereotyped passing pattern, with the result that the Guy's forwards were given fewer and fewer opportunities.

The Old Kingstonians had the chance to go ahead through a penalty bully, which was awarded against Wright who threw his body in the way of the ball with the goalkeeper beaten. Wright took the bully himself and managed to put the ball over the side-line.

The Old Boys' continued to put on the pressure through a number of short raids. They went ahead through a well-taken goal just inside the post.

The match ended before the Old Kingstonians could take a short corner. Both teams came off the pitch, happy in the knowledge that they had played a good, hard, clean game, although the bruises on their shins and ribs were evidence of bouts of robust play.

The team was as follows:—
B. West; D. A. Wright (Capt.), M. Tuddenham; M. Woodman, R. Lallemand, J. Sedgewick; A. McKenzie, R. Hammond-Dautré, M. Skeyn, M. Blake, D. Bevan-Thomas.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade)**, in the Department of Clinical Pathology, with duties from 17th March, 1958, until 30th September, 1959, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **28th February, 1958.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on the 7th April, 1958.

Department of Dental Prosthetics

Part-time Registrar to attend on 3 sessions per week.

Department of Preventive Dentistry

Part-time Registrar to attend on 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 12th March, 1958.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-Resident Senior House Officer** in the Casualty Department for six morning sessions weekly. The successful candidate would be expected to reside locally. The appointment is for six months from the 1st April, 1958. Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **28th February, 1958.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st April, 1958. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within one week of the appearance of this advertisement to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

APPOINTMENTS

UNIVERSITY OF LONDON

BOARD OF THE FACULTY OF MEDICINE

Members of the Senate who are members of, or graduates in, the Faculty.

Dr. E. R. Boland Dr. E. C. Warner

Representatives of the Boards of Studies

Biochemistry : Professor R. H. S. Thompson.

Dentistry : Professor M. A. Rushton.

Pre-Clinical Studies : Professor C. B. Allsopp.

BOARD OF THE FACULTY OF SCIENCE

Representatives of the Boards of Studies

Pre-Clinical Studies : Professor G. E. H. Foxon

ROYAL MICROSCOPICAL SOCIETY

Mr. John Bunyan has been elected President of the Royal Microscopical Society and will be in office for two years.

RECOGNITION OF TEACHERS

Full Recognition

Faculty of Medicine

Anthony Bevington Wayte, M.B., B.S., D.M.R.E., as a Teacher of Radiotherapy at Guy's Hospital Medical School.

EXAMINERS, 1958

M.B., B.S. Examinations

The following have been appointed Examiners for the M.B., B.S. Examinations for Internal and External Students in 1958.

Applied Pharmacology: Professor J. M. Robson.

Medicine: Dr. E. R. Boland, Dr. K. S. MacLean, Dr. N. S. Plummer.

Obstetrics & Gynaecology: Mr. J. S. Tomkinson.

Pathology: Professor G. Payling Wright.

Surgery: Mr. F. N. Glover.

Therapeutics: Dr. J. C. Houston.

In the event of an examiner being unable to act the following have been invited to act as appropriate in cases of emergency.

Medicine: Dr. E. C. Warner.

Obstetrics & Gynaecology: Mr. T. L. T. Lewis, Mr. G. W. Garland.

Surgery: Mr. H. J. B. Atkins.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

W. D. Hayley P. H. Kendall

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

F.R.C.S.

January, 1958

P. S. Boulter

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Membership

A. S. F. Butcher

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

January, 1958

Surgery

P. G. Gladders *J. G. Wright

Midwifery

R. G. Hornung

*Has completed the examination.

NURSING NEWS

The following changes have taken place amongst the Nursing staff :—

Left :

Sister James.
Sister Crump.
S/N Moorbridger.
S/N D. Finch.
S/N I. Allen.
S/N P. Alexander.
S/N R. Collingsworth.

Entered :
S/N J. O. Richards to *Theatres.*
S/N E. Carlton to *Theatres.*
S/N M. Street to *New Cross Theatres.*
S/N F. Smith to *Sarah Swift.*
S/N J. Fennell *Night Staff Nurse.*
S/N A. Henderson to *Miriam and John.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

To Let

EAST COAST COTTAGE, equipped for six, facing sea. To let May to July 26th, for periods of fortnight or more. Box No. 138.

For Sale

HISTORY OF GUY'S reduced to clear 5*s.* each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6 — Personal collection only—make welcome gifts.

SHERLOCK HOLMES AND DR. WATSON. 2*s.* The Hound of the Baskervilles 1*s.*

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Burn, J. H. and another. Effects of Catechol Amines Present in Peripheral Tissues. *J. Physiol.*, 1958, **140**, 7P.

Clarke, C. A. Gowers' Mixture. *Practitioner*, 1958, **180**, 215.

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Fleming, Peter R. and Simon, M. The Haemodynamic Significance of Intrapulmonary Septal Lymphatic Lines (Lines B of Kerley). *J. Fac. Radiol. Lond.*, 1958, **9**, 33.

Fry, John. Influenza A (Asian) 1957. Clinical and Epidemiological Features in a General Practice. *Brit. med. J.*, 1958, i, 259.

Fry, John. Symposium on Respiratory Infections in Children. I. The Natural History of Common Respiratory Infections in Children and Some Principles on their Management. *J. Coll. General Practitioners*, 1958 (February), P. 42.

Garland, T. O. Health, Welfare and Safety in New Zealand. *Brit. J. industr. Med.*, 1958, **15**, 23.

Law, F. W. Needless Loss of Vision : Its Prevention. *Canad. med. Ass. J.*, 1958, **78**, 1.

Maizels, M. and others. Data for the Calculation of the Rate Coefficients of Sodium Transfer by Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 48.

Maizels, M. and others. The Effects of Certain Physical Factors and of the Cardiac Glycosides on Sodium Transfer by Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 61.

Maizels, M. and others. Metabolism and Sodium Transfer of Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 80.

Nissim, J. A. Gonadotrophin Incompatibility within Species and Stains. *J. Physiol.*, 1958, **140**, 13P.

Simon, M. The Pulmonary Veins in Mitral Stenosis. *J. Fac. Radiol. Lond.*, 1958, **9**, 25.

Simon, M. A Radiological Classification of Disease. *Brit. J. Radiol.*, 1957, **30**, 439.

Stott, Hugh. Pulmonary Disease Amongst Sisal Workers. *Brit. J. industr. Med.*, 1958, **15**, 23.

CHANGES OF ADDRESS

Brian Ackner, M.D., M.R.C.P., D.P.M., 130, Harley Street, W.1. (Tel. Welbeck 3349).

A. Fairley, M.B., B.Chir., Thorndene, Cowfold, Sussex. (Tel. Cowfold 268).

R. H. N. Long, M.R.C.S., L.R.C.P., 95a, Jermyn Street, St. James's, S.W.1. (Tel. Whitehall 2800).

K. G. Somers-DeHaney, L.M.S.S.A., 74, Barnett Street, Montego Bay, Jamaica, B.W.I.

BIRTHS

CALNE.—On 26th January, 1958, at The Churchill Hospital, Oxford, to Patsy, wife of Roy Yorke Calne, M.B., B.S., a daughter (Jane Anne).

CLARKE.—On 1st January, 1958, to Sheila (née Saunders), wife of Gerald Clarke, M.B., B.S., a son (David), a brother for Christopher.

GORNALL.—On 24th January, 1958, to Joan (née Willis), wife of James B. Gornall, twins, a brother and sister for Caroline.

HUFFSTADT.—On 15th November, 1958, in Groningen, Holland, to Janet (née Thompson), wife of Bob Huffstadt, a son (Charles).

KERR.—On 24th January, 1958, at the Lambeth Hospital, to Esther (née Tyson), wife of Ian Kerr, M.B., B.Chir., M.R.C.P., a son (Mark), a brother for Andrew.

PHILLIPS.—On 13th January, 1958, at 8, Roxburgh Road, Westgate-on-Sea, to Valerie (née French), wife of Graham Phillips, L.D.S. R.C.S., a son (Matthew William Archer), a brother for Deborah and Jocelyn.

PRITCHARD.—On 28th January, 1958, at the Birmingham Maternity Hospital, to Lois (née Mills), wife of John Pritchard, M.B., B.S., a son (Robert John).

MARRIAGE

SALMON—GIBSON.—On 7th December, 1957 at St. Denys' Church, Sleaford, Lincs., Robert (Robin) Salmon to Dorothy Jean Gibson, S.R.N.

DEATHS

ASHWIN.—On 28th January, 1958, Richard Hamilton Ashwin, M.D., of Waldyve House, Market Weighton, East Yorks.

SHORE.—On 28th January, 1958, at Purley, Hubert Dennis Shore, L.D.S.R.C.S., late of 27, Wimpole Street, W.1.

STONEHAM.—On 14th January, 1958, Frederick James Russell Stoneham, F.F.A., R.C.S., of Merryacre, Cherry Tree Road, Farnham Royal, Bucks.

EDS. { J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

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PASSIM

MOST medical men, sheltered by six years novitiate and many more of experience, pride themselves on their impartial approach to the patient. This impartiality, which is supposed to be one of the distinguishing features of our profession, undoubtedly grows with the passage of time; nor is it taught, but rather learnt by the example of the teachers. To some of us, at any rate those most newly qualified, impartiality seems of less importance than it should be; no doubt the prejudices of youth, untempered by the tolerance of age, sometimes clouds our fair judgment.

Each of us has our own personal pin-prick which produces in us just that sort of reaction to obscure our better clinical sense. To some the mere mention of the word Compensation is enough to produce facial rigidity and a tightening of the lip; the patient is immediately approached in a new and often unfair light. Others react strongly to spoilt children, and the screaming child gets a much more cursory examination than the one sitting quietly on his mother's lap. The aches and pains of Continental Europe are often very different from those of an Englishman; they are usually considered to be an overstatement and are often treated as such. The old lag who comes into the Surgery almost weekly gets less and less of an examination each time, and the patient with an obvious psychological overlay has an often in-surmountable barrier to overcome in the mind of the doctor.

Perhaps this is too unkind; perhaps these attitudes are all part of experience and clinical judgment. Perhaps. It is very easy, however, to use the word Experience more as an excuse than a reason.

We have great pleasure in welcoming to the staff of the Dental School Mr. A. J. Bridge, F.D.S., L.R.C.P., M.R.C.S., who is to fill the vacancy left by the death of Mr. Bulleid. Mr. Bridge, who trained at Guy's, is due to take up his appointment in April.

A circular was sent round recently to the consultants, registrars, house-officers and sisters by the Superintendent's Office exhorting them to end their ward rounds on time, because dinner was served in the general wards at noon and luncheon in Nuffield House at 12.30. Such subtle distinctions, more etymological than gastronomic, are among the benefits paid for by the private patients.

We should like to draw attention in our correspondence column to a letter from the Chairman of the British Medical Students Association. Guy's is among the few hospitals still not a member.

We congratulate the boxing team who have won the United

Hospitals' Championships for the tenth time in eleven years. A more detailed account will appear in the next issue of the *Gazette*.

On Sunday, 16th March, at 8.25 p.m. on the B.B.C. Home Service, Miss E. E. P. MacManus will broadcast the Good Cause Appeal on behalf of the Multiple Sclerosis Society—Guy's has a Research Scholarship for the disease.

At St. Bartholomew's it is traditional on View Day for the governors and clerk of the hospital to tour the wards in solemn procession seeing that all the patients are content. At a recent View Day an old girl who had been admitted the night before hopelessly drunk was just coming round when the procession arrived in her ward. At the accustomed cry of "Any complaints ?" she struggled to her feet, and standing on the end of her bed, shouted: "What I say is: Three cheers for Guy's, hic, I mean Bart's ! ".

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Fractures of the Spine.*
4th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Flaps and Tubes.*
5th	W	4.45	Guy's Science Club. Dr. J. D. Williams. *Renal Biopsy.* (Postponed from January 8th).
6th	Th	1.00	Dr. Jean Morton. Clinical Lecture. *The Wolfenden Report with regard to Women.*
8th	S		Rugby. 1st XV v. Nuneaton (Nuneaton).
10th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture.
11th	T	1.00	Mr. G. Blackburn. Clinical Lecture.
13th	Th	1.00	Dr. C. Hardwick. Clinical Lecture.
14th	F	1.00	Dr. Donald Hunter (London Hospital). *Diseases of Occupation.*
15th	S		Rugby. 1st XV v. Gloucester (H.O.P.).
17th	M	1.00	Dr. J. M. Hall. Clinical Lecture.

Sixty Years Ago

From Guy's Hospital Gazette, 5th February, 1898.

Those who are well acquainted with our museum will readily call to mind the well executed drawings of Tupper as well as his diagrams, including those of the Skeleton Swordsman.

. . . Whilst at Guy's, Tupper became a member of the Pre-Raphaelite Club, which included Dante, Rossetti, Millais, Holman Hunt, and others among its fraternity. This inspired a short-lived Journal called the *Germ*, and to this Tupper contributed both in prose and verse. Space will not allow me to give more than a specimen exemplifying his highly imaginative and sensitive poetic nature. The following is dedicated to his wife.

TO ANNIE

Annie, if any verse of mine might win
The obdurate heart of time to let it live,
When I am mingled with the fugitive
Fleet elements wherein all lives begin
And end : if any love ghostly thin
Survive of me for men to hear at eve
When the boughs tremble as the sunbeams leave—
That echo, thy dear name shall tremble in.

For singing ever of thee and rarest things
That make the earth a perfume and a song,
And of vague solace of imaginings,
Than wilt so closely unto these belong
That they will tell thy name as with a tongue
And bring the sighs thy poet's passion brings.

THE LACTATION CYCLE

By C. G. BIRD

A Paper read to Guy's Hospital Physiological Society.

THE lactation cycle may be said to begin very soon after the implantation of the fertilised ovum in the wall of the uterus, but, to give a complete picture of the function of the mammary gland, it is necessary to trace its development from the embryo, through childhood and puberty, to the sexually mature female, before discussing the changes which occur during gestation.

The primordium of the mammary gland develops in the mammary fold, an epidermal thickening extending from the root of the upper limb to the inguinal fold. This first appears when the embryo has attained a length of approximately 8 mms. In man only a limited portion of this fold persists, and forms an epithelial thickening, hemispherical in shape, directed towards the underlying connective tissue. This connective tissue also develops, and lifts the gland off the surface of the embryo. By continued multiplication, the radially arranged cells form 16-25 projections, which elongate inwards, and, by much branching and twisting, lay down the future excretory ducts. These ducts acquire a lumen, by the central cells moving apart, and the partial degeneration of the inner elements. These degenerate cells accumulate in the ducts, and form an opaque fluid, the "witch's milk," which may be squeezed from the nipple in the new born child. Thus, at the time of birth, the mammary gland of both sexes consists of a series of radially arranged, branched tubules, with some distinct but rudimentary alveolar tissue. In the male the gland undergoes a regression, leaving only the nipple, areola, and some fibrous tissue. In the female however, development, although rather slow, continues, and the elongation and branching of the epithelial shafts goes on throughout childhood.

At the time of puberty, the areola protrudes and forms a conically shaped breast bud. This bud continues to grow in size, becoming separated from the underlying tissues by fat. The nipple, however, remains embedded until the final stage is completed, when the areola becomes part of the mass of breast tissue. This development takes about two years for completion.

Histologically the glands also undergo some very great changes. Each of the original epithelial shafts present rapidly elongates, and forms numerous branches, through the rapid multiplication of its cells. There is very little, if any, secretory tissue present. Hence after puberty, the resting mammary gland consists of 16-25 closely adjoining lobes, radiating from the nipple. The lobes are separated from one another by layers of connective, and much adipose tissue. Each lobe is provided with an excretory duct of approximately 3-4 mm. in diameter, lined by a stratified, squamous epithelium. This lactiferous duct, which runs towards, and opens on the nipple has a local dilatation, the lactiferous sinus, under the areola. It is very doubtful if there are any alveoli present in the resting state. Thus each lobe of the mammary gland is an independent, compound, alveolar unit, and the mammary gland as a whole is a conglomeration of a variable

number of such independent units, each with its own excretory duct, which has its separate opening on the surface of the nipple.

Oestrogen.

The maturation of the secondary sex organs of the female may be brought about at any age by the administration of œstrogen. Thus, it seems probable that this hormone is responsible for the pubertal growth of the mammary gland. The greater œstrogen circulation at the time of puberty is, in turn, associated with the increased activity of the gonads, but the actual hormonal control of puberty itself is by no means fully understood.

In the mature resting mammary gland there are undoubtedly cyclical changes occurring, but the exact nature of these is hard to investigate. However, the most probable explanation is that there is an increase in the blood supply to the gland, and a slight œdema of the interstitial connective tissue. This engorgement is thought to be caused by the progesterone, which is circulating in higher quantities during the follicular phase, preceding menstruation. These changes could account for the enlargement of the breasts seen in some women during menstruation, and also the slight mammary tension experienced.

The mature mammary gland remains in this state throughout a woman's child-bearing life, unless she becomes pregnant. From the time of implantation of the ovum, progressive, deep-seated changes take place. These develop during the period of gestation, and may be divided into two phases. During the first half of pregnancy, rapid multiplication of the epithelial cells occurs at the end of the excretory ducts, and the secretory portions are formed, devoid of a lumen, but provided with pocket-like evaginations, the alveoli. The vast masses of interstitial adipose tissue disappear, for the most part, and make room for the hypertrophy of the epithelial structures. Occuring at the same time is an infiltration of lymphoid into the interstitial tissues. During the second phase the multiplication decreases, and the cells begin to produce a secretion, the colostrum, which appears during the last three days of pregnancy and the first two or three days after delivery, and also at the end of the nursing period. This secretion of the mammary gland is quite different from milk, in that it has a very low fat, but high protein content; also it contains numerous globules with particles of cellular fragments, free nuclei and colostrum bodies. These colostrum bodies appear as large, free cells, having a constricted nuclei and many various size fat droplets in their cytoplasm. These cells are capable of ameboid movement.

The origin of such bodies is by no means certain, and two theories have been advanced to account for them. The first is that they are transformed, epithelial, glandular cells, filled with the products of secretion, which have become detached from the basement membrane. This theory seems possible, but little evidence has been put forward to confirm it. The second, and more probable, is that they are wandering lymphoid cells, of various kinds, which have escaped from the connective tissues into the epithelium, and hence into the ducts. Here they phagocytose the various fat droplets which are present. This second hypothesis is supported by the observation that, at the periods when colostrum appears, the interstitial tissue, surrounding the secretory portions, is heavily infiltrated by lymphoid cells. Also in some fixed prearations these lymphocytes have actually been seen crossing the basement membrane. The colostrum bodies are of some physiological interest, as they appear at times when the equilibrium between the excretion of milk, and its secretion, is upset ; that is, either when the feeding of the child has not yet begun, or at the end of the nursing period.

During lactation, the histological structure of the gland once again presents a different picture. The various parts of the active mammary gland are not usually in the same functional state at the same time, and thus their appearance is not the same in different parts of the organ. In some places the secretory portions are filled with milk, their lumen is wide, and the walls thin, wheareas in other portions the lumen is very narrow, and the epithelium forms a thick layer. Also, in some places the glandular elements may be greatly distended with secretion, while in others they may appear more or less free of it. The shape of the glandular cell fluctuates from cylindrical to flat, the boundary between each being indistinct, but when the cells are tall, their distal ends project into the lumen of the alveoli as free, rounded protrusions. When a cell is actively secreting, globules of fat, of various size, accumulate at its free end. These drops of fat pass through the cytoplasm into the lumen, occasionally involving the partial disintegration of the distal end of the cell. Other droplets, probably of an albuminous nature, may be

seen near the free border of the cell, and these also pass into the lumen, where the final composition of the milk is determined. The excretory ducts are lined with a cuboidal epithelium, and separating these cells from the basement membrane, are elongated myo-epithelial elements. The interstitial connective tissue of the lactating mammary gland, separating the lobes and the lobules, is of a rather dense variety, and represents, relatively, a far smaller mass than in the resting state of the gland.

The mechanism for the growth and functioning of the mammary gland, following conception calls for the synchronised action of many of the endocrine organs of the body; and, although nerves are not directly concerned with mammary growth, and lactation, neural mechanisms undoubtedly modify these processes.

Thus the first change to be seen in the mammary gland is that of a vast growth of the duct and lobule-alveolar system. This change is brought about, directly or indirectly, by the very great increase in the circulation of the hormones, œstrogen and progesterone, formed in the ovary and placenta. That it is these hormones which cause this growth can be confirmed by the administration of œstrogen to a castrate, virgin female, or a normal male. It is found that, following the administration, there is a rapid growth of the ducts, but, in man subsequent doses of progesterone are needed for the full differentiation of the lobule-alveolar system.

Thus to produce mammary differentiation, œstrogen and progesterone are necessary, but the mode of action of these hormones needs careful consideration. Three possibilities seem to present themselves :—

(1) Indirect action, that is, the œstrogen and progesterone stimulate another gland to initiate the process of differentiation.

(2) The direct action of œstrogen and progesterone on the mammary gland itself.

(3) The direct and indirect mechanisms working side by side.

The theory of indirect œstrogenic stimulation is based mainly on the observation that there is a very limited mammary response to œstrogen in hypophysectomised animals. Thus it may be postulated that œstrogen, and subsequently progesterone, act on the pituitary gland, and cause it to release one or more mammogenic factors, which then stimulate the mammary gland to growth and differentiation. To explain the necessity of progesterone to accomplish full differentiation of the secretory acine, a second mammogenic factor, or factors, has to postulated. Other observations appear to give support to this theory :—

(1) Turner, the chief advocate of the above, claims that the administration of pituitary implants, and certain extracts, is capable of causing some growth of the mammary gland in castrate animals. He does not, however, offer any information as to the method used in his experiments.

(2) Certain workers, including Turner, have claimed to have extracted a specific mammogen from the pituitaries of animals receiving high œstrogen doses, or during the latter half of a normal pregnancy. However, before accepting this claim, one has to realise the difficulty of purifying, identifying and assaying the hormones of the pituitary gland, and, bearing this in mind, many experts have not considered this claim to be fully substantiated.

The direct action theory is supported by the observation that œstrogen, applied percutaneously, can stimulate local growth of one mammary gland, without affecting the adjacent gland, or glands, of the animal. Thus, if growth were dependent on any secondary mechanism, stimulated by œstrogen, one would expect that there would be a uniform, rather than a unilateral response.

Therefore, each of these theories seems to have some definite proof that it is, at the very least, partially correct. That is, to support the indirect theory the fact that pituitary extracts can cause some growth of the mammary tissue indicates that this endocrine organ must play a specific part in mammary growth, while the observation that œstrogen can have some effect locally points conclusively to the fact that œstrogen must have some stimulating action at times when the blood-œstrogen level is high. Hence one is forced to the conclusion that the only theory that can, at present, explain mammary differentiation without contradicting the apparent facts, is that the direct and indirect mechanisms work side by side in the normal, physiological state.

An ingenious attempt to explain the local action of œstrogen has been put forward by the exponents of the mammogen theory. They suggest that the percutaneously applied œstrogen causes a localised increase in blood supply, hence

increasing the amount of mammogenic factor in that region, which then stimulates the local response. However, a similar treatment with other rubefacients, such as turpentine, hardly affords convincing support for this explanation.

It is necessary before proceeding, however, to realise that although certain workers claim to have isolated a specific mammogenic hormone, and have shown that neither œstrogen or progesterone, acting either alone, or together, can produce any appreciable mammary response in the hypophysectomised animal, that the removal of the pituitary gland does, in itself, rob that animal of the control of the majority of its physiological processes, previously controlled by the pituitary gland. For example, the influences of oxytocin, vasopressin, the gonadotrophins, the adrenocorticotrophic hormone, the thyroid stimulating hormone, prolactin and the growth hormone are entirely removed, and hence many of the 'reciprocal-control' mechanisms which these hormones exerted are destroyed. The growth hormone is probably the greatest loss in the consideration of mammary growth, as it is apparently necessary for the growth of any tissue in the body. The removal of the thyroid stimulating hormone leads to the atrophy of the thyroid gland, resulting in a pronounced fall in the basal metabolic rate. When one considers that the basal metabolic rate is at its highest at the period of life associated with growth, it is a reasonable assumption that if it is lowered it will affect the ability of the animal to produce large amounts of new tissue. Hence before considering the possible action of œstrogen and progesterone on any hypophysectomised animal it is necessary to consider these major side effects, which are introduced by the very nature of the experimental method.

Even though both œstrogen and progesterone co-operate during the course of a normal pregnancy to produce complete mammary differentiation, the actual flow of milk does not begin until just after parturition. The onset of lactation is probably due to the action of a lactogenic hormone, prolactin, secreted by the anterior lobe of the pituitary gland. Prolactin can effectively induce milk production in the fully differentiated mammary gland, but only at times when the blood-œstrogen level is low. Hence it is thought that the lactogenic action of prolactin is inhibited during pregnancy by the high level of œstrogen in the blood, maintained by the placenta. Thus as soon as parturition has occurred, and the placenta expelled, the fall of the œstrogen level discontinues this inhibition of the prolactin, which is then able to initiate lactation. A simple experiment to test this inhibition theory is as follows :—

A guinea-pig is treated with œstrogen for a sufficient period to ensure full mammary differentiation; on the sudden withdrawal of the œstrogen lactation commences. Thus, for the guinea-pig, it is possible to confirm this theory, but, unfortunately, each species has its own life cycle and reproductive mechanisms, and one cannot say that one set of facts will necessarily apply to each and every species. However, this œstrogen inhibition theory has recently had to be revised, as in some animals it is found that low blood-œstrogen levels actually facilitate the process of initiation. Hence a truer picture is probably expressed by assuming that while high blood-œstrogen levels inhibit, low blood levels facilitate the initiation of lactation. The absolute values of the required œstrogen levels for each of these actions shows very large variation, between members of the same, and of different species, thus making investigations of this problem extremely difficult.

Progesterone tends to potentiate the inhibitory effect of œstrogen, on the prolactin, and hence even small amounts of œstrogen completely block the initiation of lactation if progesterone is present.

In the light of the above it may be seen that œstrogen may be used therapeutically to suppress lactation if, for any reason, this should seem desirable.

The maintenance of lactation is the responsibility of prolactin and, probably, the growth hormone, and in their absence cessation very soon occurs. Thus, in the normal, nursing mother, one has to enquire how these hormones are kept circulating in sufficient quantities in the blood. It is a matter of simple observation to notice that the flow of milk ends very quickly in the non-nursing mother, whereas a normal mother can feed her child for a very considerable period. Thus it seems probable that the feeding of the child in some way helps to maintain the flow of milk. To test this theory experiments have been performed, and the following observations made. Three nursing rats are taken, and two have the lower pairs of mammary glands denervated by section of the spinal cord. A litter is then allowed to feed at the denervated nipples of one of the rats (those innervated being covered), while another litter feeds at the innervated nipples of the other rat (those denervated being covered). Where feeding occurred at the denervated nipples

the litter rapidly succumbed, owing to a cessation of lactation, but, in the rat where feeding occurred at the innervated nipples lactation was maintained in all the glands, and the period of lactation favourably comparable to that in the control rat. Hence the stimulus for the maintenance of lactation must be neural in character, but the response humoral, since the denervated nipples of the second rat also reacted to the response.

Therefore the theory is postulated that the child, while feeding, stimulates the nipple to send impulses to the anterior lobe of the pituitary gland, which then releases the hormones into the blood stream. As well as its vitally important task in the actual mechanism of lactation, prolactin is said to have the interesting side effect of inducing maternal behaviour in the mother.

Evidence has recently been put forward to suggest that the pathway of nervous impulses acting on the pituitary gland is rather more complex than was originally supposed. It is now thought that the impulses act on the hypothalamus, which then relays them to the capillaries present in the region of the tuber cinerium. Here an intermediate hormone is produced, which travels in the portal vessels of the pituitary, and then acts on the anterior lobe, stimulating the production of the required hormones, in this case, prolactin and the growth hormone.

Also necessary for the adequate maintainance of lactation is the constant removal of milk from the gland. If the secretions are allowed to accumulate there is a considerable pressure built up within the alveoli, and this is not tolerated by the very delicate glandular cells. Under these conditions they rapidly break up, hence ending there secretory activity.

The stimulus given to the nipple by the feeding child is also responsible for the **let-down** phenomenon, which occurs in many animals, including man. This phenomenon is the result of a sharp rise in the pressure within the mammary gland, and is caused by the contraction of the myo-epithelial cells, which surround the excretory ducts. This contraction is once again brought about by a neuro-humoral mechanism. The afferent stimuli from the nipples reach the neuro-hypophysis, and here cause another hormone, oxytocin, to be liberated. It is this hormone which stimulates the myo-epithelial cells to contract, hence aiding the ejection of milk from the mammary gland. The oxytocin has no action whatsoever in the actual secretion of milk.

Besides the specific hormones mentioned there are other factors which indirectly influence the production of milk. Of these perhaps, the most important is the effective co-operation of the adrenal cortex (and hence the adrenocortrophic hormone-) in providing the correct ionic and fluid balances necessary for the large fluid shift which is taking place at this time.

The metabolism of the mammary gland is high, the Respiratory Quotient being over 1.0, due to the synthesis of fat from carbohydrate. The fats found in the milk contain short chain, fatty acids, not found in the blood, and it has been shown that these acids are produced locally by the mammary tissues from glucose and acetate. The lactose of the milk is thought to be synthesised mainly from the blood glucose, but it may be derived, in part, from lactic and amino acids. Both globulin and amino acids are taken up by the gland, but the former seems to be the chief source of the caseinogen of the milk.

Thus, having traced the development and control of the gland to the time of lactation, the means whereby the baby obtains the milk can now be considered. First, the nipple is taken well into the infant's mouth; this provides the stimulus required to release the oxytocin, and hence effects the myo-epithelial contraction. This contraction forces the milk along the execretory ducts to the lactiferous sinuses, under the nipple. As soon as the baby has drawn the nipple into the mouth it begins gentle chewing movements, and it is these which move the milk from the sinuses to the surface of the nipple.

Some clinical aspects of breast-feeding may be considered in the light of the physiological processes mentioned above.

(1). If the nipple does not protrude in the normal manner, but remains embedded, as in the period of development at puberty, the mother finds that it is not possible to supply the requirements of her child. This is not usually the result of a poor milk secretion, but more often because the milk cannot be removed from the gland. This inability to remove the milk may be explained when one remembers that, with an embedded nipple, it is not possible for the fluid to be squeezed from the lactiferous sinuses by the chewing movements of the baby.

(2). In some mothers the production of milk is far in excess of the requirements of her offspring. In these cases the gland is never completely emptied,

and hence the alveoli rapidly become distended with their secretions. As already stated this leads to a destruction of the glandular cells. Thus in women who at first have a copious secretion it is often found that the milk yield will fall to below the level required to maintain the baby. Hence, if there is an over-secretion present it is essential, if lactation is to be maintained, that the breast be completely emptied after each time that the child has fed.

(3). In cases where the baby feeds more often at one breast than the other, the gland on the side where feeding occurs less frequently will gradually diminish in size. This uni-lateral atrophy is once again the result of over distension in the alveoli. To avoid this condition it is obvious that equal time must be allowed for the baby at each breast.

At the end of the nursing period two factors are present which lead to the atrophy of the gland. The withdrawal of the stimulus to the nipple leads to a fall in the production of prolactin, and hence the cells lose their stimulus to secretion. Also the accumulation of fluid rapidly leads to the disintegration of the glandular cells. This fluid is soon absorbed, and once again the gland undergoes profound changes in structure. The alveoli diminish in size, and lose their lumen, only a few scattered cells remaining, while the connective tissues again proliferate. The gland, however, never returns to its original state, as the vast numbers of the alveoli, which have been formed, never entirely disappear. In this condition the gland remains, until a following pregnancy, when the same cycle of events occurs.

In this paper I have tried to outline the changes which take place in the mammary gland, and to indicate a possible method for their control. There are, however, many theories and experiments which I have not mentioned, in an attempt to present a clearer picture. Also much material, which has been gathered from experiments on rats, has not been included, as, although the observations are, without doubt, of great value, there can be little merit in trying to compare the mammary changes which occur in the rodents, which have so completely different an œstrous cycle, with the human being.

CORRESPONDENCE

Letters to the Editor of the Gazette

British Medical Students' Association

SIR,—At the recent meeting of your Students' Union considerable interest was shown in the B.M.S.A. It might, therefore, be of value at this stage to re-iterate 'de novo' some of the aims and functions of the Association.

The B.M.S.A. is a non-political association which arose from a desire for an organization to provide a common meeting ground and from the feeling of a need for a national representative body for medical students. The policy of the Association is to concentrate its activities into these fields by providing the necessary facilities for members to 'meet and participate in matters of common interest', and, via its democratic structure, to represent medical students at a national level.

In the provision of facilities for individual members there are the following:

a) *Conferences*—this year the National Clinical Conference is to be held in the University of Durham Medical School in Newcastle-upon-Tyne, from 24-28th March, and we cordially invite students from Guy's to take part. An International Summer School will be held in Glasgow in September. A National Film Seminar is being organized in September in London and a Conference of Editors of Medical Student Journals will be held in May.

b) *International*—through our membership of the International Federation of Medical Student Associations we can arrange clinical clerkships in any of the eighteen member countries, and also provide information about and find places in any international medical summer school organized in those countries.

c) *Film Catalogue*—through the B.M.S.A. Film Catalogue member organisations may borrow films free of charge.

d) *Directory of Student Appointments*—this directory provides information about clinical clerkships available in hospitals throughout the country

The London Region of B.M.S.A. is fortunate in being compact and hence very active, and has much to offer to the students at Guy's Hospital.

The other section of our work is the representation of student views to medical

and administrative bodies. The student viewpoint is presented by the B.M.S.A. to the medical profession, to the universities, to Government departments and to other interested organizations.

Following the new G.M.C. 'Recommendations as to the Medical Curriculum' published last year we are probably entering a phase of experimentation in medical education, and it is most important that the considered student viewpoint on the content of the curriculum and on teaching methods should be presented. The work of most consequence at the moment relating to medical education is a sound statistical review of the clinical curriculum.

I have only been able to outline some of the facets of the activities of the B.M.S.A., but I hope that they will be of sime value in your discussions.

Yours etc,

PETER G. WOOD,
President.

British Medical Association House,
Tavistock Square, London, W.C.1.

Cortisone and Masking of Symptoms

SIR,—I have been struck by two recent cases of mine which illustrate the degree of masking of symptoms which can occur in patients receiving cortisone. I feel that this is vital information which should be shouted from the housetops.

The first case was a middle-aged lady with Lupus Erythematosus, who was on prednisolone. She got wet one afternoon, had a slight "tummy-ache" that evening, and presumed that she had caught a cold. She did not send for me for five days ! I found her seriously ill, pyrexial and extremely toxic, with a slightly tender mass in the left iliac fossa. I thought the most likely diagnosis was an inflammatory condition such as diverticulitis. At operation she was found to have severe peritonitis from acute appendicitis, and died the next day.

The second case was also a middle-aged lady on prednisolone, in her case for rheumatoid arthritis. She also suffered from indigestion, but the consultant considered it was a fair risk, and kept her on the drug. One morning she had some acute pain. I asked my partner to see her, mentioning the possibility of a perforation. He could find no evidence of this; the patient sat up and they talked of their native Edinburgh. Two hours later the situation was the same; a further two hours later I saw her: her temperature was 99.4°F., and the only physical sign was slight tenderness in the epigastrium, but no more than one would find on palpating a D.U. I persuaded her with some difficulty to go into hospital; there an X-ray showed gas under the diaphragm, and at laparotomy a perforated gastric ulcer was found, from which she made an uneventful recovery. This was not a clever diagnosis, but good luck for her that I had seen the previous case and was on the alert.

Surely it is essential that patients be advised to let their doctors know if they experience any untoward abdominal pain, even of a minor nature, and that we should be warned about the great danger of symptoms of serious trouble being almost completely masked, lest we give patients "The Tablets", and tell them to report back in a month, without such a warning.

I hope these cases will help others.

Yours etc.,

LESLIE E. MILTON.

11, North Park,
Eltham, S.E.9.

Passim

SIR,—The last *Passim* evidently marks the entry of the *Gazette* into the dangerous arena of political discussion.

Mr. Dulles and Mr. Lloyd may even take your advice. Mr. Bulganin might possibly send the *Gazette* one of his famous letters. Or, better still, it may just possibly be realised, and this on your own fortnightly admission, Sir, that the *Gazette* is a 'Journal of Medicine, Surgery, Dentistry and Hospital News'.

Please, may we keep it that way ?

Yours etc.,

DEREK ALAN SABEL.

Guy's Hospital, S.E.1.

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1958

SIR,—While an individual's medicine is a poorer art if it shuns any facet of what goes to make up life with a capital L, medical opinion (which the *Gazette's* leader is a part of, inevitably) should leave politics severely alone lest it find itself enslaved, grievously, by ridiculous masters. These views are somewhat coloured by what I have seen in Germany, and Berlin in particular, where the Iron Curtain is trying hard to make use of medicine for its rival ends.

Yours etc.,
Guy's Hospital, S.E.1. THOMAS SHERWOOD.

Music Club

SIR,—May I draw your readers' attention to the activities of the Music Club? We are giving concert performances of Gilbert's and Sullivan's "Mikado" on March 13th and 14th, at 7.30 p.m., in the Physiology Theatre. Admission will be free and without tickets.

Yours etc.,
M. A. McL. BAILEY,
Guy's Hospital, S.E.1. *Hon. Secretary Music Club.*

United Hospitals' Jewish Society

To whoever it may concern :

SIR,—There is reason to believe that the present Jewish population in Guy's is considerably higher than in previous years, and that the need for association is steadily becoming more important.

The headquarters of Jewish students of the University of London is Hillel House, which provides excellent facilities, Kosher food and special Sabbath hospitality for all students visiting or residing in London. Guy's students will always be assured of a very warm welcome. In addition to the opportunities offered at Hillel House by the University of London Jewish Union Society, some of us witnessed the formation last month of the United Hospitals' Jewish Society; this functions to develop religious, cultural and social aspects of Judaism. Guy's, among twelve London teaching hospitals, is represented on this committee. A warm invitation is extended to all potential members of this hospital to participate in the activities of U.H.J.S.

We are very anxious to receive views and comments on the need for a Jewish Society, to be affiliated both to the Clubs' Union, and to U.H.J.S. Please address all personal enquiries to "U.H.J.S.", *via* the Colonnade rack, or direct to Hillel House, 1, Endsleigh Street, W.C.1.

Yours etc.,
Guy's Hospital, S.E.1. 'MAGEN DAVID'.

REVIEWS

Orthodontics : Principles and Prevention. By J. A. SALZMANN. *Price* £5 5*s.* 0*d.*

Orthodontics : Practice and Technics. By J. A. SALZMANN. *Price* £8 0*s* 0*d.* Published by J. B. Lippincott Company. Distributed in Great Britain by Pitman Medical Publishing Co., Ltd.

Dr. Salzmann's book *Principles of Orthodontics* published about fifteen years ago was immediately recognized as an encyclopædic treatise of importance to all orthodontists. In his work as editor of abstracts and reviews for the *American Journal of Orthodontics and Oral Surgery* he was well placed to survey the orthodontic literature; particularly that in the English language. In this book he showed fairness in his presentation of the ideas of authors of differing views, a remarkable ability to see a new idea which might be important and great care in indicating the original source of any new idea. Now Dr. Salzmann has extended the original book and has given us two excellently produced volumes. The first is *Orthodontics : Principles and Prevention*, which is designed for the dentist who is not necessarily a specialist in orthodontics. It has 262 illustrations. The second is *Orthodontics : Practice and Technics.* It has 471 illustrations. There is much new material on research work based on lateral skull radiographs. American fixed appliance techniques are fully described. There is a section on the monobloc but very little on removable appliances. There is a very full bibliography.

In this country, thought on the ætiology of malocclusion and the limitations of orthodontic treatment has undergone a revolution since 1946. Salzmann has noted it by quite substantial quotations from Rix's two papers *Deglutition and the Teeth* and *Some Observations on the Environment of the Incisors*, and by references to other original English writings of the period.

These books are not really ideal for the undergraduate who needs a more selective approach but as reference books for the teacher, the research worker and anyone who needs to know the literature on orthodontics they are in a class by themselves.

The Patient and the Mental Hospital. By MILTON GREENBLATT, DANIEL J. LEVINSON and RICHARD H. WILLIAMS. The Free Press, Glencoe, Illinois.

This book comprises the contributions of nearly sixty psychiatrists, psychologists, social scientists, and allied workers to a recent conference held in the United States on "Socio-Environmental Aspects of Patient Treatment in Mental Hospitals". This title rather than that of the book indicates its scope and emphasis. There is little here about strictly clinical aspects; in fact the psychiatric contribution is relatively small. The bulk of the work is concerned with the mental hospital as a complex community in which several thousand individuals may be gathered to live together with varying chances of being restored to health and normal life. How does the organization of their daily lives affect their behaviour and recovery ? Also within the community are workers from very different disciplines: Medicine, Nursing, Psychology, Occupational Therapy and so forth. How do the inter relationships between these individuals affect the aims and functions of the hospital, the welfare and the treatment of the patients ? These are a few of the very many questions that are discussed in this book.

The approach is varied. There are descriptions of pioneer efforts and experimental units, anecdotal accounts of experiences in hospital wards, subtle studies of psychological interactions between members of staff, and between staff and patients, and finally some admirably critical editorial comment. The whole book is informed by a spirit of optimism and revolt; revolt against bad old practice based on out-moded theory. Like so many such texts it is uneven in quality, and enthusiasm often outruns attention to facts. But here is a distinguished body of opinion providing some fascinating new insights, and no one with any interests in this serious contemporary problem can fail to find reading here that will be rewarding. Essentially a text for specialists, it is excellently produced.

J.J.F.

A Synopsis of Surgical Anatomy. By A. LEE MCGREGOR, M.Ch., F.R.C.S. Eighth Edition. 1957. John Wright & Co. Ltd. *Price* 32*s.* 6*d.*

Any book which contains an interesting assortment of anatomical information not contained in any other book is bound to be welcome. When this book is so entertainingly written and as simply but strikingly illustrated as "Lee McGregor" then its continued sale can be assured. The present eighth edition contains some new material and the text has been revised. It remains a masterly summary of useful anatomy which cannot fail to be of value to surgeons and anatomists and their apprentices. There is no problem about who should read it. There is a mass of valuable information which will be useful to working practitioners and also to students facing anatomical and surgical examinations. The reviewer remembers with gratitude the satisfaction that he found in reading this book during his preclinical studies. Into the toil of second M.B. reading this brought a refreshing breath of the clinical application of anatomy which made work much more worthwhile. It is a much-handled book on many shelves for there is so much of interest to everyone concerned with clinical practice and teaching. This is a book with its faults. It has very little balance; masses of facts are left out, there are violent emphases on some subjects with blithe disdain of others. However, for the student who is learning anatomy and who wants to know why he is doing so, the book can be recommended wholeheartedly. It is not a substitute for the longer texts of exact anatomy but it does project a clear beam of emphasis upon some subjects that really matter.

For the second M.B. student this is a most worthwhile purchase. It will satisfy his urge to get on to things connected with clinical medicine. He will, by spending 32*s.* 6*d.*, get a source of information and entertainment which will continue to edify and entertain him during the rest of his undergraduate and postgraduate career.

P.S.B.

A General History of Nursing. By LUCY RIDGELY SEYMER, M.A.(Oxon.), S.R.N. Published by Faber & Faber Ltd., London. 4th Edition. *Price* 35*s*.

The more recent developments in nursing and nursing education have been included in this book which is published approximately three years after the third edition. That this revision should be necessary in so short a time appears to show that the members of the nursing profession are conscious of the adjustments required to meet the changing needs of society.

The first four chapters of the book deal with the gradual development of nursing from ancient times, to be followed by accounts of various people who took part in the regeneration of nursing in the 19th century.

The chapter which follows, entitled "Florence Nightingale and the Crimea" is remarkable in that so much material is condensed into so few pages. An account is given of the founding of the Nightingale School and a brief outline is presented of the more important of Miss Nightingale's writings. With the commencement of the era of modern nursing a place is given to the development of training schools. An excellent résumé of the evolution and progress of nursing education makes interesting reading.

Public Health nursing is discussed from the angle of training and organization and includes the history of District Nursing, Maternity and Child Welfare, School, Occupational Health and Private Nursing, portraying their emergence to fulfill the needs of the people.

An illuminating account is given of the commencement of the humane treatment of the insane and the tremendous advances which have taken place in the field of psychiatric nursing.

A comprehensive survey of the State recognition of nursing, and Nurses' Organizations forms the concluding chapters of the book.

The statistical information in the Appendix has been brought up-to-date and an excellent bibliography completes the volume.

This book presents an abundance of material in a consecutive and concise manner. The concentrated essence of the subject matter increases its appeal to the student, since facts can be more readily gleaned when such a long period of history is studied. Each chapter is more or less a complete unit and the book can be read consecutively or used for reference when a specific subject is under consideration. The fourth edition of this already popular history of nursing is an asset to any library, and the nursing profession are indebted to the author for the revision of this excellent book, which so artistically portrays the development of nursing amidst world events.

SPORT

RUGBY FOOTBALL

Hospital Cup Semi-Final

Guy's v. St. Mary's

At Richmond 19th February, 1958

Result—Won 3-0

Guy's are into the final for the fortieth time in Hospital Cup history after defeating our old rivals St. Mary's by a penalty goal.

Pre-match favourites by virtue of a better pack, Guy's chances seemed even rosier when it was announced that Cannell and Cormack were missing from the Mary's back line. To experienced followers of cup rugby this news, however, brought little comfort, for weakened hospital sides have a knack of playing like little demons at such times. This theory certainly rang true in this game, and the large contingency of Guy's supporters were horrified to see their team pinned in their own 25 for most of the first half. Indeed the legendary Guy's pack looked most inadequate in comparison with their fiery counterparts who obviously put all they had into the game, while the stand-ins in the back line gave no hint of their reserve status, although their thrustful play was hampered by sub-standard handling at times.

The Guy's tackling, however, was up to the situation, and long line-out sessions near our line with Mary's gaining possession most of the time never led to a try: with rare exception, open side movements were firmly quelled, and St. Mary's scrum-half Evans found his rather over-exploited blind-side movements meeting with equal lack of success. Much of the play took place in our left corner and although overall defence was good, Smith deserves mention for his first-class coverings. Guy's attack in the first-half were restricted to brief spells early on, notably from a free kick by Hackett, sponsoring a pretty move which made about 50 yards. These provided momentary relief from the Mary's pressure and Scott, the opponents' captain, missed two penalties before allowing McGann to take the third from just outside the 25, but at a wide angle. It hit the post and Guy's were lucky to hold St. Mary's to a first half draw.

The second-half saw a complete reversal of the run of play with Guy's overwhelmingly dominant territorially. Our line-out and tight scrum play was vastly improved and, particularly early in the half, some extremely virile play took place in the St. Mary's 25: in keeping with the usual play in the competition though the game

was kept largely very close and few effective three-quarter movements were seen.

Play was stopped in the 7th minute while Buirski had attention to a mouth injury. Returning literally covered in sticking plaster, his play, far from being subdued, nearly led to a score within minutes of his mishap, as his ground kick was followed up by Cooke and Leyshon, who touched down amid a flurry of defenders. The try was disallowed, and from the oddly awarded drop-out which followed, Hackett narrowly missed the post with a good attempt at a drop goal.

It was in the 19th minute that Guy's scored, when delighted supporters saw Pagliero kick an excellent penalty goal from a very difficult position just inside the ten yard line. It was Guy's who did most of the pressing for the remainder of the game, with Mary's gaining only temporary relief mainly from winger C. G. Jones and full-back McGann, for now Patterson was getting more than his share of the ball and from tight and line-out the ball came mostly to Guy's. With close marking, however, little could be made of this superiority, and it was felt that much more attention should be paid to possession of the loose ball.

Hackett, Nicholas and Buirski did make breaks, but all were stopped short of the line and the game ended with the penalty goal margin.

To sum up—we won by a narrow margin, nevertheless deserved, on our second-half performance, but once again it is felt that we have a weakness in the centre play in attack, which can and must improve for the final.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (Capt.).

Guy's v. Aberavon

At H.O.P. 15th February, 1958

Result—Won 9-6

The Hospital accomplished a magnificent victory over Aberavon by 2 penalty goals and a try to a dropped goal and a try. The foundations for this win were laid by the forwards who gradually wore down the Aberavon pack, and assumed a command that completely frustrated all attempts by Aberavon to break through. Moreover, Guy's three-quarters were given a lot of the ball but were opposed to a very strong defence.

In the absence of Hawley and Patterson who were playing for Surrey in the County Championships, Ransford was introduced on the right wing and Leyshon moved into the centre.

Guy's kicked off against the wind but soon after the start Cliff Ashton dropped a goal. A nice movement by Hackett and Lindsey ended in touch, but an interception by Ray Jones a little later nearly led to a try. Then followed a series of penalties to Guy's and from one of these Buirski played a captain's part by kicking a goal to level the score. Smith brought off a beautiful tackle on Ray Jones who looked well set to score, and Guy's made progress with short kicks until Aberavon had to defend desparately to repel a series of scrums in their 25.

Guy's commenced the second half by compelling Aberavon to touch down. A pass by Cooke to Nicholas was blocked, but Guy's forwards dribbled and Richards, picking up, was tackled from behind when trying to kick ahead. A passing movement by Guy's three-quarters on Aberavon's 25 line looked dangerous, but Pascoe intercepted and, making a lot of ground, sent Gwyn Davies away unmolested for an unconverted try. At this stage Carroll did some excellent relieving kicks to touch and Smith, receiving nicely from Hackett, kicked ahead but Aberavon touched down. All Guy's three-quarters handled accurately, and running with speed in an excellent movement the ball reached Smith who passed inside to Sales, but a tackle led to a scrum in the corner. Guy's pack held the ball and shoved over the line and when the players had extricated themselves Guy's were awarded a try which was not converted. It was touch and go now and Guy's responding to the cheers of the crowd kept play in Aberavon's 25. Finally, Aberavon were penalised for offside in front of the posts and Lindsey kicked the goal.

This was one of Guy's best displays.

Team: J. D. Carroll; J. H. Ransford, J. Leyshon, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; D. J. Richards, M. A. H. Russell, J. S. Van den Berg, P. Harris, B. Blackwell, J. B. Sales, S. A. R. Cooke, A. P. Buirski (Capt.).

HOCKEY

Hospitals Senior Hockey Cup

Semi-Final, 12th February, 1958

Guy's v. Charing Cross Hospital and Royal Dental College

Result—Lost 0-2

This semi-final of the Hockey Cup played at H.O.P. on Wednesday, 12th February, provided an afternoon of exciting, though perhaps not very brilliant hockey.

A very quick Charing Cross side attacked from the bully and the Guy's goal-line was soon besieged. The Guy's defence was, however, very sound and the ball was very successfully sent up field.

The Guy's forwards now came into the game and a fine run by Bevan-Thomas down the left wing had the Charing Cross defence split. The Guy's forwards, however, failed to put the finishing touches once the ball was in the circle. After a scramble in the circle a short corner was awarded to Guy's. Dyde, the centre-half, took the short-corner and though he hit the ball very hard and cleanly, the Charing Cross goal-keeper saved well. Finally, as the Guy's forwards could not push the ball in after the rebound, the Charing Cross defence cleared.

In the 15th minute the Charing Cross forwards took the ball upfield in a fine passing movement and were rewarded by a dubious goal by their inside left.

Thus emboldened by their success the Charing Cross side as a whole came up into the attack and the Guy's goal was once again under fire from all angles. It was only some very determined tackling and covering by the defence that prevented the Charing Cross forwards from scoring. During this period Tuddenham, who did some stalwart work, was always to be found in the thick of the fray.

Just before half-time Charing Cross put in another goal which was handed to them owing to a misunderstanding in covering in the Guy's defence.

In the second-half Guy's, now two goals down, really tried hard to breach the Charing Cross goal; in fact they did almost everything except to finally push the ball into the goal. The inside forwards, Blake and Morgan, worked very hard and were both unlucky not to score.

In all five short-corners were awarded to Guy's, but the Charing Cross goalkeeper proved to be a too formidable barrier between the ball and the goal.

The Charing Cross forwards came into the game once again and they tried very hard to increase their lead: some very fine runs by their centre-forward failed to show results only because of lack of support from his inside forwards.

The last ten minutes peoved to be the most exciting part of the game. The Guy's forwards at long last began to combine better and came very near to scoring. Indeed, in one scramble in the goal-mouth it seemed, to those on the touch-line, that the ball must have crossed the line.

When the final whistle was blown Guy's were still attacking. If any post-mortem were to be undertaken the only conclusion to be reached would surely be that it is a pity that Guy's, who have featured in the Hockey Cup final for the last 7 years, could not manage it once again.

Team : B. West; D. A. Wright (Capt.) H. M. Tuddenham; M. Woodman, J. A. Dyde, R. Lallemand; A. McKenzie, M. Morgan, M. Steyn, M. Blake, D. Bevan-Thomas.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1ST MARCH, 1958

Assistant House Surgeons
To:
Mr. Blackburn — Mr. J. A. Parsons
Mr. Lawrie — Miss E. M. M. Forstner
Mr. Glover — Miss A. T. Piesowicz
Mr. Brain — Mr. P. W. James
Appointed for 6 months the first 3 as A.H.S.

Assistant House Physicians
To:
Dr. Douthwaite and Dr. Hardwick } Mr. C. H. Smith
Appointed for 6 months the first 3 as A.H.P.

Dr. Boland, Dr. Baker and Dr. Houston } Mr. F. B. Coleman

Dr. Hampson and Dr. Kauntze } Mr. H. C. Evans
Appointed for 6 months the first 3 as A.H.P.

Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. G. R. Peachey
Appointed for 6 months the first 3 as A.H.P.

Out-Patient Officers
Mr. A. Bowyer, Mr. R. R. Cox, Mr. N. A. Harker, Mr. S. J. Lam, Mr. M. A. H. Russell } *3 months*

House Surgeons
To:
Mr. Massie — Mr. P. S. Firth — *6 months*
Mr. Eckhoff — Mr. I. D. Simpson — *3 months*
Mr. Atkins — Mr. S. A. R. Cooke — *6 months*
Mr. Wass — Mr. R. G. G. Gain — *3 months*

House Physicians
To:
Dr. Douthwaite and Dr. Hardwick } Mr. J. A. P. Trafford — *6 months*

Dr. Boland, Dr. Baker and Dr. Houston } Mr. T. R. Cullinan — *6 months*

Dr. Hampson and Dr. Kauntze } Mr. K. B. Tyler — *3 months*

Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. R. D. Smith — *3 months*

Resident Obstetricians
1.11.57—30. 4.58 — Mr. F. Mansfield
1. 1.58—30. 6.58 — Mr. R. W. Edmonds
1. 3.58—31. 8.58 — Mr. I. M. Jessiman
1. 5.58—31.10.58 — Mr. J. B. S. Cumberbatch

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital
Mr. R. E. Owen — Mr. W. Whitrow — *3 months*

Throat and Ear and Ophthalmic House Surgeon
Mr. S. A. McNamara
3 months at Guy's followed by 3 months at New Cross (E.N.T.)
Mr. B. L. Copley
3 months at New Cross

Dermatological House Physician
25.1.58—24.7.58 — Mr. D. A. Wheelwright

Genito-Urinary House Surgeon
Mr. M. C. Shannon — *3 months*

Neurological House Physician
Mr. P. B. Whatmore — *6 months*

House Surgeon to the Thoracic Unit
Mr. R. D. C. Southcott *3 months*

Children's House Physicians
Mr. D. S. Robertson — *3 months*
Miss K. E. Cuthbert — *6 months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. D. G. Yetman — *3 months*
Mr. H. M. Tuddenham — *6 months*

House Physicians in the York Clinic (S.H.O.)
6 months ending 31.3.58 — Mr. J. H. Clark, Mr. J. R. T. Finlayson

Resident Anaesthetists
1.9.57—31.5.58 — Mr. E. Phillips
1.3.58—31.8.58 — Mr. B. R. P. Murray
1.3.58—31.8.58 — Mr. S. S. Barker (S.H.O. Guy's)
1.3.58—31.5.58 — Mr. J. M. Clark (S.H.O. New Cross)

R.M.Os. Nuffield House
19.11.57—18.5.58 — Mr. B. H. B. Robinson
1. 1. 58—30.6.58 — Mr. P. H. W. Sheard

Children's House Surgeon at the Evelina Hospital
Mr. P. C. C. Pitt — *3 months*

NEW CROSS HOSPITAL

House Surgeons
Mr. J. P. Lissenden — *3 months*
Mr. H. D. W. Plowright — *6 months*

LEWISHAM HOSPITAL

House Surgeon
Mr. M. N. Morgan

JOYCE GREEN HOSPITAL

House Surgeon
1 vacancy readvertised

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon
1 vacancy readvertised

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon
1 vacancy readvertised

ORPINGTON HOSPITAL

House Surgeons
2 vacancies readvertised

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on the 7th April, 1958.

Department of Dental Prosthetics

Part-time Registrar to attend on 3 sessions per week.

Department of Preventive Dentistry

Part-time Registrar to attend on 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 12th March, 1958.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.
Primary Examination

W. R. Edwards

NURSING NEWS

Left: Sister Shackshaft from *Matron's Office.*

Entered: Sister H. Young to *P.T.S.*
S/N A. Thomas to *Bright.*
S/N F. Blaver to *William Gull.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

A HOLIDAY IN SWITZERLAND for little more than the train fare. Delightful inclusive holidays can be had for as little as 24 gns. for 14 days. Write for illustrated booklet and full details to Dept. C.G.H. Swiss Travel Service Ltd. 69, Ebury Street, Victoria, London, S.W.1. (Sloane 7111).

For Sale

MEDICAL EQUIPMENT, including examination lamp, 2 electric sterilisers, Keeler's ophthalmoscope, 3-tiered trolley, angle poise lamp, forceps, scissors, etc., all in good condition. Please ring AMB 8465.

HISTORY OF GUY'S reduced to clear 5*s.* each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

SHERLOCK HOLMES AND DR. WATSON. 2*s.* The Hound of the Baskervilles 1*s.*

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blake-Palmer, G. Old Wine in New Bottles. A Miscellany around an Observation of John Locke. *N.Z. med. J.*, 1957, **56**, 627.

De Hamel, F. A. A Trial of Heaf and Mantoux Tuberculin Tests. *N.Z. med. J.*, 1957, **56**, 659.

Ellerker, A. G. The Extravesical Ectopic Ureter. *Brit. J. Surg.*, 1958, **45**, 344.

Evans, J. H. and Baker, R. W. R. Serum Aldolase and the Diagnosis of Myopathy. *Brain*, 1957, **80**, 557.

C. F. Hawkins and another. Macrocytosis and Macrocytic Anaemia caused by Anticonvulsant Drugs. *Quart. J. Med.*, 1958, **27**, 45.

Large, P. G. Annular Pancreas. *Sth. Afr. J. Lab. Clin. Med.*, 1957, **3**, 281.

Symonds, Sir Charles and MacKenzie, Ian. Bilateral Loss of Vision from Cerebral Infarction. *Brain*, 1957, **80**, 415.

Tibbs, D. J. and another. Arterial Replacement with Minimal Interruption of Blood-flow. *Lancet*, 1958, i, 292.

CHANGES OF ADDRESS

A. W. Banks, M.B., B.S., M.R.C.O.G., Ranmore, Fir Tree Road, Leatherhead, Surrey.

B. H. Bass, M.D., M.R.C.P., 26, Makepeace Avenue, Holly Lodge, Highgate, N.6. (Tel. Mou 4826).

J. C. Burt, M.B., B.S., D.A., 15, St. Leonard's Road, Exeter, Devon. (Tel. Exeter 73815).

R. E. Feaver, L.D.S.R.C.S., D.D.S., 111, Harley Street, London, W.1. (Tel. 9233).

W. A. Mill M.S. F.R.C.S. 22 Harley Street W.1 (unchanged) and 39 Hanover Gate Mansions Park Road, N.W.1. (Tels. Langham 1923 and Paddington 3372).

G. J. Marks, L.D.S.R.C.S., 100, Inverness Terrace, W.2, and 9, Upper Brook Street, Grosvenor Square, W.1. (Tels. Bayswater 4627 and Mayfair 6169).

BIRTHS

BARKER.—On 15th January, 1958, at Nuffield House, to Audrey, wife of Dudley Barker, M.R.C.S., L.D.S., of Hawk Hill, Chaldon, Surrey, a daughter (Jo Elizabeth).

BURT.—On 12th January, 1958, to Pamela (née Henville), wife of John Burt, M.B., B.S., D.A., a daughter (Jane Pamela), a sister for Susan and Penelope.

HERST.—On 17th February, 1958, at 42, Broadmead Road, Woodford Green, Essex, to Pamela (née Green, M.B., D.C.H.,) wife of Edward Herst, M.B., D.R.C.O.G., a son (Peter Christopher), a brother for Ian and Stephen.

KLEIAN.—On 15th February, 1958, at the Bearsted Memorial Hospital, Hampton Court to Barbara Kleian (née Bond), wife of J. Paul Kleian, a daughter (Karen Jeanne).

LEVISON.—On 4th February, 1958, at Lerwick, Shetland Isles, to Pamela, wife of H. Levison, B.D.S., F.D.S., a son (Peter Rognvald).

SCULLY.—On 31st January, 1958, at Farnborough Hospital, to Barbara (née Ford), wife of A. C. R. Scully, a daughter (Catherine) a sister for David, Alban and Diana.

WESSON.—On 19th January, 1958, at Guy's Hospital, to Brynhild (née Watson), wife of Robert Wesson, a son (Roger Guy Corbey).

MARRIAGE

HELLEWELL—HILLS.—On 25th January, 1958, at St. John's Church, Tunstall, Lancashire, John Hellewell, M.R.C.S., L.R.C.P., to Joan Hills, S.R.N.

DEATH

CUNINGHAM.—On 25th January, 1958, R. W. (John) Cuningham, E.R.D., M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., of 27, Clarendon Street, Londonderry, Northern Ireland.

EDS. {J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1817 15*th March* 1958 *One Shilling*

PASSIM

ONCE again the Residents' have displayed their almost childlike delight in poking fun at their elders and betters from behind the safe bars of the footlights. Once again the fun, though merciless, was clean and a load of inhibitions have been released in one great heap. Probably, in selecting consultants, for the staff no warning is given that the successful candidate must undergo an annual lampooning which counts sacred neither his professional nor even his personal life; any such warning would be unnecessary since the requisites of a successful consultant imply without question just that sort of character that can not only laugh at itself but bear to be laughed at by others. Besides which they probably like it.

The simple amusement of amateur theatricals is a little lost in these days where leisure is at a premium and we have forgotten how to enjoy being idle; even if mimicking consultants were taboo the Residents' Play would still continue, since making each other up to look ridiculous is second in amusement value only to making our chiefs look fools. Nor must the authors be forgotten; registrars who, of necessity, must take life a little more seriously than residents, are annually given an opportunity to air their prejudices and amuse their instincts.

Once again it was a success because everybody enjoyed it.

It is with the most profound sorrow that we have to announce the death on March 5th, of James Tierney, aged 22, a workman, who was killed in an accident on the site of the New Block. To his relatives and friends we extend our deepest sympathy. The cost of the new building has now become immeasurable.

A.E.S., writing of the death of Dr. Trevelyan Jones says "as a student he was a quiet and charming character. He spent his whole professional life in the Welsh village in which he was born. There he knew everyone and was loved by all. He was Mr. Fagge's dresser."

J. Trevelyan Jones was born in 1894 in the village of Aberkenfig, near Cardiff. His father, Dr. Thomas Jones (a Guy's man), was in practice there for 35 years, and was followed by his son. Seventy years ago Dr. T. Jones built Tudor Hall, Llandyssul, Cardiganshire. Trevelyan retired there in 1953 and spent four happy years farming and attending to country matters. He leaves a widow and one son.

We congratulate Mr. O. Gayer Morgan on having been invited to deliver the Dayne Memorial Lecture at the Ophthalmological Congress at Oxford for 1958.

Posters are now appearing at vantage points in the Hospital announcing the forthcoming Residents' Ball. It is hoped that as many as possible will support this excellent function. Double tickets, price £3 10*s*. 0*d*. are now available from K. B. Tyrer and D. G. Yetman, Ball Secretaries. Cheques should be made payable to the Residents' Ball Fund.

On Thursday, 27th February, the present Guy's paediatric firm entertained their counterparts from St. Thomas's Hospital, together with their paediatric registrar, Dr. Mackenzie and Dr. Cullis.

A representative selection of cases from the ward was shown by Miss Webb, Mr. Woodbine, Mr. Wardle, Mr. Lewin, Mr. Wille, Miss Steadman and Mr. Bax. Dr. Evans kindly took the chair and guided the discussion.

After an excellent tea Guy's challenged St. Thomas's to a paediatric quiz. The contest was extremely close but Guy's retained the Challenge Cup by a narrow margin.

Dr. Smithells arranged the afternoon and provided the trophy, which Dr. Mac Keith presented. Miss Bown received it on behalf of the Firm, amid thunderous cheers.

We would like to express our gratitude to Sister Gabain for the use of Diplock playroom and for organising tea.

St. Thomas's have promised to arrange a return visit in the near future.

We congratulate the cross country team on a most admirable win in the Inter-Hospital Cross Country Race.

Copies of the 1957 Index for the *Gazette* are now available and may be obtained free of charge from the *Gazette* office or Wills Library.

GUY'S DIARY

MARCH			
			Exhibition. Department of Surgery. *Fractures of the Spine.*
17th	M	1.00	Dr. J. M. Hall. Clinical Lecture.
19th	W	3.15	Hospitals Rugby Cup Final. Guy's *v.* St. Thomas's (Richmond).
21st	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
22nd	S		Clinico-Pathological Meeting. Clinical Theatre. Rugby. 1st XV *v.* London Irish (Blackheath).
24th	M	1.00	Mr. C. A. G. Cook. Clinical Lecture.
25th	T	1.00	Mr. P. W. Clarkson. Clinical Lecture. *The Burnt Child.*
27th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *The Diagnosis of Rectal Bleeding.*
28th	F	1.00	Dr. W. N. Mann. Clinical Lecture.
29th	S		Rugby. 1st XV *v.* Old Merchant Taylors (H.O.P.).
31st	M	1.00	Dr. T. H. Hills. Clinical Lecture.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER, 1958

The next Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 3rd OCTOBER, 1958, at 7.0 p.m. for 7.30 p.m. The Chairman will be Mr. W. D. Doherty, M.Ch., F.R.C.S.

The Biennial Dinner affords the most popular opportunity for old Guy's men—medicals and dentals—to meet together and renew the friendships of their student days.

Please make a note of the date. Further particulars will be announced later.

N. L. ECKHOFF,
Hon. Sec.

The 7th Annual Guy's Hospital Dinner, South Wales and Monmouthshire Branch will be held at the Park Hotel, Cardiff, on Saturday, 29th March, 1958, at 7 for 7.30 p.m., when Mr. S. H. Wass will be the guest of the evening.

Tickets £1 0*s.* 0*d.* plus membership fee of 5*s.* can be obtained from Secretary, G. Morwent A. Brown, 4, Plymouth Road, Penarth.

GUY'S HOSPITAL DENTAL SCHOOL ANNUAL CLINICAL MEETING

The Annual Clinical Meeting of Guy's Hospital Dental School was held on Saturday, 1st March, 1958, and was well attended by Guy's graduates, undergraduates and visitors. It was an occasion for renewing old friendships, making new ones and for seeing to it that the alma mater was living up to its great name. So keen were some "old boys" that they came a day early in the hope of a private pre-view of such new equipment as the air turbine handpiece operated by Mr. W. A. Vale.

All the departments in the Dental School helped to demonstrate the latest teaching methods, recent advances in operating technique and current research projects. The Radiography Department and the Children's Department were rather like "puzzle corner" with practitioners testing the staff with difficult radiographs and models to interpret.

The new department of Dental Medicine was open to inspection, and while all agreed it was a wonderful improvement on the old, some thought it was less homely. All seats and standing room were taken in the dental theatre long before Professor Rushton gave his fascinating lecture entitled "Cases referred by practitioners."

Perhaps one exhibit deserves special mention, namely the photographic exhibit shown at the 1957 International Dental Congress in Rome. Those who studied this exhibit can imagine the time and patience put into it by Professor Herbert, Mr. Robinson, Miss Whiteley and Miss Tredgold.

The 52nd Annual Dinner of the Dental Society was held at the Park Lane Hotel in the evening with Mr. Ronald Emslie in the Presidential Chair. The food was excellent and the speeches most entertaining. In extolling the virtues of the President, Mr. Basil Pett spoke in verse. The toast of Guy's Hospital and Schools was coupled with the name of Mr. W. D. Doherty who is retiring shortly. Mr. Doherty's speech was especially memorable and full of anecdotes about his rugger days, and as he sat down the diners rose to sing "For he's a jolly good fellow."

RUGBY FOOTBALL

The captain, on behalf of all the team, wishes to take this opportunity of thanking Mr. Atkins who for so many years has organised the touch-line so efficiently, and the consultants and their wives who annually weather the most inclement conditions to give their support.

THE RESIDENTS' PLAY, 1958

Nothing but a Residents' Play could have got three Guy's men and their wives out of Rule's at a quarter to eight without finishing their dinner. But three cars swept round onto Blackfriars Bridge and round into the front quadrangle by five to eight and by eight o'clock they were in their places—with twenty minutes to wait, of course.

But there is the programme to look at :—

THE RESIDENTS' PLAY, 1958

THE RESIDENTS

present

" STUBBLE TROUBLE "

or

A General Post-Horn Gallop

by

PATRICK MONTGOMERY

Songs by

TIM CULLINAN and MAURICE LESSOF

Music by

JAMES WILLIS

Safety Precautions necessitate that there be

NO SMOKING IN THE AUDITORIUM

If Patrick Montgomery is the author you can guess that any single word may be parturient of several meanings. The sub-title " A General Post-Horn Gallop " sounds uncommitting, yet it turned out that " general " refers to a personality referred to, if he never appeared, and essential to the plot, while " post-horn " contains the crux of the play. " Gallop " seemed only to mean gallop but maybe I missed something here.

But in hope or qualms one turns to the characters wondering whether one will be enjoying a Roman holiday or appearing in the arena. Here they are :—

CHARACTERS

in order of appearance

DAN DRUFF, Dr. Folly's House Physician	*Mr. Smith*
BILLY	*Mr. Barker*
NURSE ROSE ACEA	*Miss Murray*
PROFESSOR ROBSEM (a Pharmacologist)	*Mr. Shannon*
DR. VERYMALE (a Clinical Pathologist)	*Mr. Bowyer*
DR. FOLLY (a Dermatologist)	*Mr. Robinson*
A WAITRESS	*Miss Robertson*
DR. SHAMM (a Physician)	*Mr. Trafford*
DR. FAKER (a Physician)	*Mr. Benson*
DR. POLAND (a Physician)	*Mr. Simpson*
MR. SHARKSEM (a Plastic Surgeon)	*Mr. Cullinan*
PROFESSOR BORIC (an Anatomist)	*Mr. Coleman*
PROFESSOR HAZELTWIG (a Biochemist)	*Mr. Greenwell*
MISS FEATHERBRAIN (a Secretary)	*Miss Yetman*
DR. NEVERSQUEEZE (a Clinical Microscopist)	*Mr. Tuddenham*
BARMAN	*Mr. Saltoun*
MOLLA FRIGIDA	*Miss Mansfield*
SISTER FIREWATER	*Miss Gain*
A NURSE	*Miss Cox*
CHORUS OF WAITRESSES	*Miss Robertson*, *Miss Sheard*, *Miss Silcock*, *Miss Finlayson*
CHORUS OF ANIMALS	*Mr. Tyrer*, *Mr. Yetman*, *Mr. Copley*, *Mr. Edmunds*

Why are the lady residents not taking acting parts ? How would Miss Cuthbert have been as Mr. Sharksem or as Professor Hazeltwig ? Wonderful wigs can be obtained. The contribution of suitable hair-styles to making the stage personalities recall their aetiological origins is perhaps the most important single

item of dress. To present Mr. Sharksem as having a head of hair such as he may have had twenty years ago but certainly hasn't had for the last ten years put an unfair burden on the shoulders, or rather the head, of Mr. Cullinan (although he did very well despite this).

And as the annual review of the play must needs be a record so complete that it will be a guide to anyone wishing to review the play in fifty years, let us see what were the wigs these characters wore.

Name	*Wigs*	*Name*	*Wigs*
Dan	Nil	Boric	?
Rose	Blond	Hazeltwig	Nil
Robsem	? Balding wig	Neversqueeze	1. Balding 2. Horns
Verymale	Nil	Mollo Frigida	Long Black
Folly	1. Balding wig 2. Toupee 3. horns.	Sister Firewater	? dark with bun
		Nurse	Any colour
Faker	1. Toupee 2. Balding wig 3. Horns.	Waitresses	4—including 1 blonde 1 red and 2 brunettes
		Animals	
Poland	Balding wig Horns	Featherbrain	greying, shortish
		Barmen	
Shamm	Nil	Sharksem	?

Why did the producer give Sharksem a " ? " for a wig ? He could so easily have ordered another " balding wig ?"

Now the curtains part and the orchestra, Geoffrey Baker, Michael Vickers and Jack Gibbs take their places. But why is the box for the drums and other kitchen implements so entirely sound absorbing that Gibbs' skilful playing can be heard only by himself ? Why shouldn't we all be allowed to enjoy it ?

The pianos break into this year's tunes. Have I heard them before ? They come from the same stable as before but at least three of this year's tunes were unusually good. They gave us three gay tunes and a yearning one, and as they play the fifth the curtain is up !

It is evening and, with originality, the scene is the Animal House, a chorus of animals sings (and dances) most appealingly.

Poor little animals die must we
To make man's future bright.
Sacrifice, sacrifice willingly
So long as the cause is right
Poor little animals we don't mind
When duty points the way.
But surely, surely it's most unkind
To be put in the Residents' Play.

Exeunt animalia and there is Dan Druff rubbing ointment into Billy, a goat, and cooing at him. Meanwhile Nurse Rose Acea has entered and she and Dan decide not to talk about goats but :—

'Let's talk about other animals
You and me animals
Happy to be animals
Please love me animals."

and so they sing :—

LOVE SONG

Don't trouble me please with the birds in the trees,
For I've had sufficient of those.
Don't sing to me of the sun on the sea,
Or liken my looks to a rose.
I'd probably swoon if you mentioned the moon
And I'm heartily sick of the dew,
I've had quite enough of that sort of guff
And I'm not taking any from you.

We can't think of a thing, or a song to sing
That hasn't been sung before.
It's the worst of our fears, but it rather appears
That love is becoming a bore.
The stars that we used to know
Are sold for a dollar or so.
The moon that we used to see
Is not what it used to be.
For travel in space will soon alter its face,
And make it a tourist resort.
And love in the dark and a bench in the park
Has been stopped by a recent Report.

and so on for a verse or two more ; Dan singing boldly and Rose singing bravely.

Rose and Dan act well but the thought occurs that the change of attitude revealed by the " recent report " might have allowed the producer to allow Rose a bigger measure of feminisation to enhance her transvestismn.

Meanwhile Robsem, carrying a frying pan, has crept in and hears Dan explain he is doing an experiment with an ointment Dr. Folly has invented. Exit Rose, as too would Robsem, but he hears that the ointment has commercial possibilities. So when loyal Dan refuses to part with Folly's secret formula, Robsem, by the simple trick of getting Dan to do up his shoe lace, coshes Dan with the frying pan and the curtain falls.

Scene two is another excellent innovation—the staff dining room. The scene opens with :—

CHORUS OF WAITRESSES

We are the girls of the College Canteen.
We are the maidens rarely seen.
We are the ladies in between
The consumer and the cook.

The menu's the same whatever they eat
For lunches, suppers and teas.
Sing hey for the meat, sing hey for the sweet,
Sing hey for the processed peas.

We are the girls who every day,
Try to find something new to say,
In order to explain away
The individual pies.

And how reminiscent the ladies of the chorus are, especially the plump Miss Finlayson on the right hand.

In the Staff dining room there are three tables ; Faker, Poland and Sharksem at the table downstage right; Hazeltwig and Boric on the one down left and Verymale above at the middle table. The ebullient Verymale greets the entering Dr. Folly :

" Is the corn you crop here ripe ?
" Is it a good corny crop year ?
' Is your cornu copia full ?"
etc.

and mournfully Folly replies :—

" . . . The skin's a skinflint, Verymale
Scales that are silver never grease the palm
and all that blisters is not gold."

Folly has lost his H.P., but he has a pot of ointment of which Verymale asks :

" What wheal does this heal ?
It's not a tarred pomade
or a hard lard nard
Is it a calm balm charm ?"

and so on, eventually decides its Dr. Folly's Belly Button balsam. But Folly explains the ointment is the cause of baldness made from the milk of hairless goats.

These exchanges between Folly and Verymale are the quintessence of verbal felicitation and fireworks, of concentrated coruscation and crispness.

(What happens to the script of the play each year ? Do you realise that they are NOT deposited in the British Museum nor even in the Wills' Library ? Let the Editor of the *Gazette* instruct that this shall be done of this year's play that all may read it. And could not copies be collected of all earlier plays, even if each treasuring author yields it up legacy instead of donation ? And will the records be stored too ?)

Enter Dr. Shamm, full of his troubles, for the General, who was to be made Professor of Medicine, has deserted. Shamm sits next to Sharksem and there is a beautiful piece of play of Shamm just not passing the ball to Sharksem. It ends as the waitress takes the salt from Shamm to put it on the other table. This waitress has a small part but it is done so memorably that it must be placed on record.

This is a part memorable in the way that one recalls the small parts played by Kathleen Harrison. It is a gem.

Boric reveals that they have a rival candidate for the Professorship, a Dr. Tostaroni from Italy—a woman. Boric is supported by Hazeltwig in emphatic voice ; this is a well played part. (But is it the Hazeltwig of today ? It is said that his nucleus ruber was removed with his ventriculum and that now the globus pallidus functions in its place.)

Verymale wants Folly to market his baldness producing ointment as a depilatory but in a wonderful curtain here, Folly reprises for . . .

"It's not fair . . . . on the hair"

Scene Three. The Dean's office reveals Poland and his secretary, Miss Featherbrain. They sing the Interview Song :—

Pneumatic drills have made a hole at Guy's
They've got machines of enormous size
And many's the duct Mr. Brain has tied
For machinery murmurs from outside.

I'm telling you, it's essential
To be respectful and deferential,
Don't repeat this to anyone
—What I'm telling you is confidential.

After parties be good to your chief,
Take a book from McGill's last leaf.
He drove Hampy home by the light of a star,
Then mowed the front lawn with his motor car.

Consultants who wonder where the future lies
Think of television as the voice of Guy's.
Since Professor Warwick's latest sally
We've taken up the lease of Ally Pally.

In Harley Street the other day
Sir Russell's car was towed away
At last the point has been achieved
" Mechanical obstruction must be relieved "

Miss F. shows Poland a large photograph of the candidate for the General's present post. Poland decides to appoint her and Miss F. calls in the Committee to agree with him. Shamm, Faker and Folly come in. They agree to support Miss Ann Drogen to succeed the General but now he has deserted, the hospital has no candidate for the Professorship of Medicine and there is danger that the medicine school's choice, Dr. Tostarone, will get in. They decide to kidnap Tostarone on her arrival at London Bridge and to get Shamm to enter as Tostarone, so that the job is filled while the hospital is finding another candidate.

By the end of this scene it is evident that the 1958 Shamm ii beautifully played. He has lines which are excellent, but his intonation and manner are the essence of Shamm. Folly is another of this year's works of art ; again blessed with good lines he achieves a real Folly, which must have been difficult, for there is less to grasp hold of in Folly than in Shamm. Miss Featherbrain comes into a different category, not a close living copy as are Shamm and Folly but a genuine creation ; she can afford to become airborne and give humour from her acting as well as her lines without being an identical image.

Scene Four provides a common ingredient—a trip abroad. Molla Frigida is discerned sitting at a table in an Italian Cafe, attended by a barman. To them enters Neversqueeze. The play is stopped by the audience's applause at the truth of the hair, the teeth, the smile and the attitude. Neversqueeze sings ;

I'm as Italian, per favore
Signorina as ' amore '
I'm the sort you wouldn't trust on Naples Bay.
And when I'm in a Gondola
The girls begin to wonder-la
If it might be safer not to stay.
I'm Italian as spumanti,
As ' Chiuso ' and Chianit
And I think of Florence as another home.
I'm known as Cassanova
From Mantova to Genova
And I whistle on the boulevards of Rome.

Signorina, caranina I can cart an obbligata all the way from basso to altissimo
Mia molla, I can holla, operettas in falsettas forte down the range to pianissimo

I have chased a fat duenna
From Sienna to Ravenna
Incidentally, I chased her daughter too.
Eventually, I kissed her
In a room ' con bellavista '
And carina I should like to try with you.
I've been bottled on Cinzano
In Bolzano and Milano
And you should see the villas that I own.
I've paraded on the beaches
In the sort of scanty breeches
That would put a G-string up a semi-tone.

Robsem enters driving Dan Druff at pistol point. To Molla, Robsem explains he has a scheme—" 90 per cent. for me, 10 per cent. for you." Dr. Tostarone will be kidnapped and Molla sent, under the name of Ann Drogen, to apply in her place for the Professorship of Medicine. Once there she will charm Folly into yielding the formula of his ointment, for there is money in it—" 95 per cent. for me, 5 per cent. for you."

Neversqueeze has overheard the plot ; so Robsem tells Neversqueeze his shoe lace is undone, and coshes him with the frying pan. Dan still refuses to tell the formula : " Remember, I'm a Guy's Man " (all stand for a moment, including the unconscious Neversqueeze). Robsem tests the ointment on Neversqueeze's face—his beard comes off. The ointment is depilatory. While Robsem and Molla dance (this was a charming interlude) Neversqueeze comes round and escapes. As the curtain falls Tostarone arrives to be knocked out with the frying pan.

Molla's part in this scene is not an easy one ; most of the time she is just there. Miss Mansfield did very well and achieved the remarkable feat of changing her characterisation during the week, from a mysterious Mona Lisa to an active, slinky Anna Magnani. The blue chinned barman cast over the wholes scene an air of brooding menace merely by standing in the right way to do so.

The interval provides for exchange of comments. It is striking how well enjoyed the play is by wives who have little or no acquaintance with the characters. For this the credit goes not only to the author, lyric writer and composer but in a large part to the producer. This year's play moved very smoothly and for this James Willis deserves the credit., and here is the rest of the team :—

Stage Manager	Peter Dobson
Electrician	Robert Rew
Ladies Costumes	Madame McGee et Cie and Katherine Cuthbert
Animal Costumes	Theatre Zoo Animal Costumiers
Properties	Joan Baker
Make-up	John Hayward, Jean-Pierre Voos, Patrick Weaver, Valerie Jones, Judy Summers
Prompter	Eric Phillips
Business Managers	Katharine Cuthbert and Stan Cooke
Pianos	Phelps
Wigs	Nathan
Proscenium	Palmers Travelling Cradles & Scaffolding Ltd.
Lighting	Kindly lent by the Guy's Hospital Clubs Union
Drapes	
Effects	John Bushman
Amplifying Equipment	Stage Sound (London) Ltd.
Recording of Songs	Belding & Bennet Ltd.

Stage and Scenery constructed and designed by members of
Guy's Theatre Club

Theatre kindly lent by
Professor Spurrell

Act II. Scene I. To Faker and Poland disguised as porters, enter Shamm arrayed in black silk cloak and breeches but still unmistakably Shamm. Boric and Hazeltwig arrive to meet Dr. Tostarone, the Medical School's choice for the Professorship of Medicine. As in his earlier and later scenes, Boric is in excellent voice here. Molla enters ; Faker and Poland hurry to fetch her luggage. Boric and Hazeltwigg greet Molla and conduct her off. Faker and Poland return and in comes Neversqueeze beardless and so unrecognised. Faker and Poland think he must be Tostarone and with excellent play, he is coshed and toppled (very neatly) into a luggage basket. They leave the stage for Shamm to enter and provide a typical curtain.

Scene 2 is the Skin Department and discovers Rose Acea musing of the lovely time with Dan in the animal house. The love song is heard off stage. Dr. Folly comes in and to him his new assistant, Molla Frigida. Dr. Folly is fascinated by the texture of her skin he notes the " hypertrichosis of the upper lip—just a light downy growth " and profers his ointment. Molla draws away and in a line that the house seemed to greatly appreciate, remarks " I am not da patient. I am on *your* side." Folly explains that the ointment contains the cause of baldness and is made

from the milk of hairless goats. Molla persuades Folly to let her apply it. He begins to feel happy and proclaims his love, just as his hair falls off. Molla says she is applying for the post of the Professor della Medicina. Folly says he will see Miss Featherbrain at once and dreaming of the future " Dr. and Mrs. Folly," and perhaps, who knows, their " little follicles," goes.

Faker comes in and falls an easy victim. She offers to apply the ointment but he rubs it into his scalp himself ; his hair begins to fall but he feels better and better.

They sing : to a lilting waltz, a most catchy tune :—

Although it's unpredictable it really seems to be
That something inexplicable is stealing over me.
A rapid respiration, a giddy feeling now
A sticky perspiration is breaking on my brow.
I'm feeling hyperoxic, the room is going round
I can't be thyrotoxic, for my appetite is down.

Can this be love, can it be so
O tell me, tell me—yes or no.
Good heavens above it's love.
This quite amazing state of mind
Is really rather nice you'll find,
Good heavens above it's love.

He hasn't ever come across a thing like this before
He never thought it any loss to be a bachelor.
But now its overtaken him and left him rather dumb
His senses have forsaken him, his C.N.S. is numb.
His feet have started dancing, he's grinning sheepishly
And secretly he's glancing and he's making eyes at me.

For when it comes you can't say no
And you must pack your things and go.
Good heavens above it's love.
This quite amazing state of mind
Is really rather nice you'll find,
Good heavens above it's love.

When the song is over, Faker promises to back Molla for the professorship and goes. Poland enters. His fate is evident and the curtain falls.

Faker achieves his best in this scene. Blessed with hair of a suitable length and untidiness, he here brings to the part a vivacity for which earlier scenes gave little opportunity. The song " Can this be love, can it be so " is a high spot of the play and the opportunity is well seized by Faker and Molla.

Act Two Scene 3 is in Job Ward with four beds displayed. In one, someone is under the bedclothes. Sister Firewater enters and soon sings, very well, a song, with a delightful tune :—

Of all the sisters you may see,
And very, very many there may be
I'm sure that you will agree
There's none as efficient as I am.
Of all the sisters of renown
And there are quite a lot in town
I doubt very much there will be found
One as modest as I am.

Now some of you may guess it
So I may as well confess it,
Though mistress of gentility
I add to my propriety
This simple stipulaiton ;
That whosoever works with me
Howsoever clever he may be
Must keep his proper station.

I think that I may safely say
I go about my duties every day
In just the gentle sort of way
That Nightingale has set us.
And it is my especial pride
That come what may I've always tried
To teach the nurses at my side
Proper respect for their betters.

Neversqueeze comes from the bedclothes and sits up. There is a dressing covering his head. He is told he was found unconscious in London Bridge Station with " some very nasty bumps on his head." Sister refuses to believe he is Neversqueeze for Neversqueeze has a beard. Enter Poland, Folly and Fakem, all hatted. Sister tells them to undress and get into bed, which with much good business, especially from Faker, they do. When his shirt is removed, Poland is wearing a football

jersey. It says much for the poise and calm manner of Mr. Simpson that it seems entirely right that Poland should be doing so. It is not comic, it is right.

Neversqueeze pleads to be recognised by Poland, Faker and Folly—he asks why they are wearing their hats in bed. "That's the reason we're in here." They remove their hats to reveal that each has two lumps or horns. Neversqueeze goes off into an ecstasy of laughter, a laughter that would only be awoken in a true Latin. Poland tells him to take the bandages from his head ; he, too is horned. They discover they have all been annointed with Folly's ointment.

They sing a calypso :

Faker, Folly, Sidgy, Dean
Four consultants in a bedroom scene
Horns have grown where no horns have been
On Faker, Folly, Sidgy and a well-known Dean.

Light that candle, ring that bell
Bring the Book that saves from Hell
Fetch Rev. Childs to exorcise
There ain't no doubt we're keratinized.

Immortal Gods up there on high
Stop yo' laughin', hear our cry
Surely, surely great god Pan
Most horned of all you'll understan'

Count Sidgy king of the microscope
You'd get by as an antelope
And Poland once a dean so stern
Would go quite well on a Grecian urn.

Picture Folly, of all men
Posin' as monarch of the glen
And Faker with his pipe and horn
Would make a most becoming faun.

Faker, Folly, Sidgy, Dean
Four consultants in a bedroom scene
Horns have grown where no horns have been
On Faker, Folly, Sidgy and a well-known Dean.

This is a great success, with much rumbustious gusto and what might be termed an inverted descant for Neversqueeze.

They are back in bed when Sharksem arrives. He examines the horns and in a memorable line asks if they want them "removed or replaced elsewhere." Unfortunately Sharksem can only offer them cots at the Evelina. He goes. Verymale enters "Is this Job Ward or a cowshed?" Poland recalls that they've to be at the Appointment Committee for the Professor of Medicine the next day and treatment is urgent.

In this scene, as in the Italian cafe, Neversqueeze shows that, like Miss Featherbrain, he is an actor. Because of this he can give much more and act more feelingly than those who are predominantly mimics, even though they may be, like Shamm, outstandingly good in that line.

Act II Scene 4 is the back room of the Tavern in Italy. Dan Druff is bound to a chair and gagged. Robsem comes in and announces that Molla Frigida has sent the formula and he has made some ointment.He is a very clever man. He sings, to a very good tune :—

Have you a pique or a pain anywhere,
Are you feeling a bit below par ?
Do your pupils pop out in a glutinous stare,
Are you not what you think that you are ?
Dispense with consultants, dispense with the House,
And I will dispense for you,
For given a rabbit and a poor little mouse
There's nothing that I cannot do.

There's a potion that I wot of
That when mixed with just a spot of
Concentrated Ipecachu wine
Will certainly fix it
So come let us mix it
That little secret remedy of mine.

Have you drinking excessively withered your liver
Do your hormones hormonically freeze ?
Do your renal adrenals instinctively shiver
When faced with emotional crises ?
It's all in the mind, it's all in the book
And most will incline to agree,
It's not to clinicians the future will look ;
The hero of medicine is me.

Robsem announces that Dan will be the first recipient of his preparation ; he will make Dan bald. He begins to rub in the ointment. There is a flash and a bang and darkness (for how many plays has the bang been an essential ingredient of the Residents' Plays?) When the lights go up there is a goat in place of the house physician. Molla has played a trick on Robsem. He decides to return to England instantly " come on Dan, nice Dan, come with uncle Bobbo."

Because the part is not a sympathetic one, although very much part of the play, and because it is rather a one joke part, it was not till as late as this, that the very high standard of Robsem's playing became evident. He is on the stage for a great proportion of the time, he largely carries the plot and even if he has not quite achieved homozygosity—probably because the right laugh is not attained—he plays the biggest part extremely well indeed.

Act II Scene 5 is in the Medical School Committee Room. The Selection Committee are seated Faker, Folly, Poland, Hazeltwig and Boric, with Miss Featherbrain in attendance. With diaconal dignity, Poland sends for " Dr. Tosterone." Shamm enters. After an excellent piece of interviewing he leaves. Hazeltwig doesn't believe it is really Tosterone : Poland gets Hazeltwig and Boric to say they don't want this candidate. Miss Ann Drogen is called in. Boric notes her excellent record 38, 25, 38. All vote for Miss Drogen when Robsem rushes in, bringing Dan, the goat. Robsem condemns Ann Drogen as an imposter, she stabs Robsem, Hazeltwigg protests this is not British and with Boric tackles her. In the scuffle she is stabbed to death. Verymale and Rose enter with the antidote to Folly's ointment. He annoints Neversqueeze, Faker and Poland and their horns fall of. Folly decides to keep the gravestones of his grief, for " its not fair on the horns." Verymale annoints the goat. There is a bang and darkness. The lights go up and there is Dan Druff.

Poland announces that as Miss Drogen is dead the other candidate must be appointed to the professorship. Tosterone—Shamm is recalled and appointed, protests, and then realises he will like being in charge. There follows the :

FINAL CHORUS

Some of you may show a little surprise,
That we don't try to apologise.
But all the chiefs on the staff at Guy's
Would never take offence.

Just as we leave we should like to say,
If we have played with success today,
You are the ones that have made it that way,
It is thanks to a good audience

The style is the same whatever we do,
Whatever the writers may say.
Sing hey for the cast, sing hey for you too
Sing hey for the Residents' Play.

And here I shall repeat my plea for due attention to the players' wigs. With a better wig this year's Poland would have been a far more reminiscent character. As it was he clearly fills the part and spoke it excellently. And for Boric surely to give him fairish hair was unfair. But perhaps wigs are expensive. Let us all make a bigger donation next year.

The 1958 Resident's Play had an ingenious plot, the book was good with some scintillating lines for Verymale and Folly, the curtains were nearly all good lines, the music was good with three outstanding tunes, the animals were delightful, the production was beautifully quick and smooth and it is evident that the backstage boys and girls were doing a remarkably good job.

AB
1958

SOME ILLUSIONS SHATTERED

By PAULA HARRIS

I had always thought that a hospital was a silent place. I had the layman's idea of long quiet corridors, with scarcely a sound to be heard but the faint pad of nurses' rubber-soled shoes or the stealthy shutting of doors. I had also thought, in my naive way, that hospital patients were all pretty ill.

A little while ago I spent a fortnight in Nuffield House. I was not exactly ill, but I was having treatment for a skin condition, and part of it was to be two weeks' rest. I was astonished when I was told I must go to hospital for a complaint which, although very distressing in its way, scarcely made me an invalid. Who was I, I thought, to occupy a bed which could be used by someone suffering from some dreadful disease ? But everyone else in the hospital would be ill, I supposed. I would have to keep quiet and not disturb them. That was the least I could do.

The first sound I remember hearing in Nuffield was a rugger commentary. Another excited and famous voice was gabbling away about horses, and I caught the phrase "Three furlongs to go". The nurse taking my particulars informed me that one of the patients liked to watch television and have his radio on simultaneously, so that he wouldn't miss anything. I was surprised. Evidently there was someone else beside me who was well enough to take an interest in what was going on in the world outside.

Before the end of my first day I discovered how wrong I had been about hospitals. I was not entirely surrounded by the desperately ill. Whenever I ventured into the corridor I saw one or other of my co-patients, wearing a dressing gown and carefully pacing up and down to keep the leg muscles in practice. An old man spent much time being wheeled back and forth in a chair; and from most of the rooms came the sounds of television or radio, or the voices of visitors.

But what impressed me most of all was the noise. A telephone rang constantly in the corridor (and for the first day or two I had an instinctive urge to rush out and answer it); down in the courtyard a man was, I think, mixing cement; trolleys jangling with cups and plates and knives and forks were pushed up and down the corridor; people kept pulling the plug just behind my head (I was next to the bathroom); loud voices, sometimes cheerful, sometimes admonitory, but never alarmed, floated past my door; and every now and then came the crash of breaking glass. No doors slammed, certainly: but the doors in Nuffield have no catches and cannot slam.

I was delighted to find my illusions shattered, particularly the one about the noise. I love silence on occasions, but the thought of spending hours with not a sound to be heard apart from stealthy door-shutting and rubber-soled shoes had not been very attractive. But it obviously wasn't going to be like that, except, perhaps, in the middle of the night, and I was glad. I like noise: it amuses me, and the Nuffield noises made me feel at home, although I did wonder what the seriously ill patients, if any, thought about it.

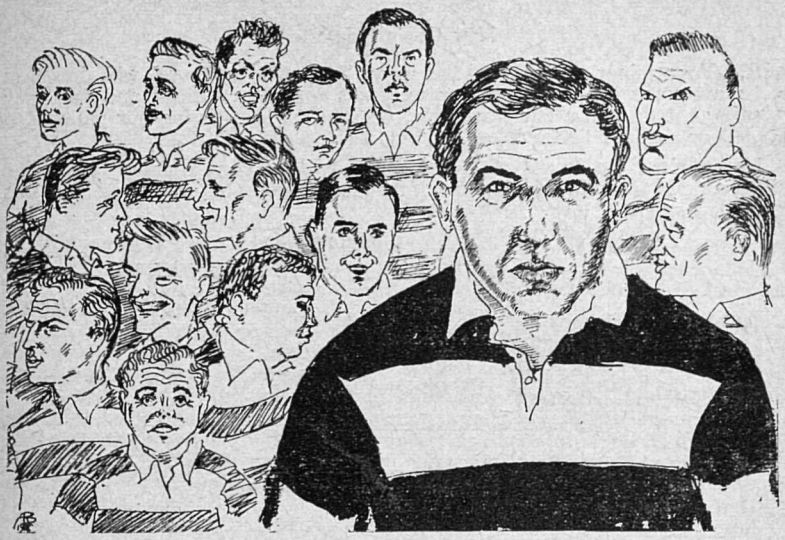
The days rattled by. One morning I was woken by a factory siren from the wharf blowing ten-second blasts with ten-second intervals. This went on for about half an hour, which was a bit grim. The bathroom scales clanked indignantly from time to time as new patients were weighed in. The man in the courtyard started using even noisier machinery. Patients' buzzers occasionally jammed (or maybe the ringers just wanted attention quickly). A very new baby yelled on the floor above (although this was of course a clinical and probably inevitable noise). One stormy night there were even some slamming doors, and everyone rang for sleeping pills.

I forgot my resolution to be quiet and no nuisance and found myself adding my contribution to the general clatter. I turned my television set up to a comfortable level instead of having it almost inaudible, as I had it at first. (Sister appeared and told me to turn it down.) I had my own telephone. My visitors and I talked more loudly.

But perhaps my most original addition to the decibels was a musical one. Two men friends had come to see me, bringing with them a bunch of daffodils and a copy of Byrd's Mass for three voices, for we all spend much of our spare time singing and they felt that part of the visiting hour could profitably be spent on a short practice. So we put the "Engaged" sign on the door and started singing, very quietly. We got through the *Kyrie* all right, but by the middle of the *Gloria* I was getting a bit alarmed. My companions, carried away by the music and the top notes and forgetting where they were, were getting louder and louder. They had reached *fortissimo* and were settling down into a really good sing when the acting staff nurse put her head round the door. "I'm sorry, but I'm afraid I'll have to ask you to stop" she said. "It is a hospital, after all".

This Mural was painted in the Casualty Officer's Room at the Evelina Children's Hospital by Mr. Andrew Richards. It replaced a bare wall in a short short space of five days at Christmas when Mr. Richards, a senior clinical student, had an inspired period and produced this most vivid tableau in oils to which a black and white photograph cannot do justice. Dr. R. S. Wells, the Casualty Officer, assures us that it has captivated the children where their reaction to the room might otherwise have been less peaceful.

Kind permission has been granted by Walt Disney Productions Ltd. and Sampson Low, Marston & Co. Ltd., to reproduce these figures. Photo by Medical School Photographic Department.



The editors of the *Gazette* wish Aubrey Buirski and his team good luck in the Inter-Hospitals Rugby Cup Final against St. Thomas's at Richmond Athletic Ground, on 19th March, 1958

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—May I ask you to be good enough to insert into a coming number of the *Guy's Hospital Gazette*, a couple of lines asking for the borrowers of:

British Journal of Industrial Medicine Vol. 12.

Archives of Industrial Hygiene and Occupational Medicine Vol. 3.

(. . . both of whom signed illegible initials in the borrowers' book) to return these journals to the Library.

Yours etc.,

Department of Forensic Medicine,
Guy's Hospital, S.E.1.

KEITH SIMPSON.

Rugby

SIR,—Together with all your regular readers I rejoice that the XV is to appear in its fortieth Final. Just the same I much regret that your reporter's account of the Semi-final is marred by its aspersion upon the referee. I refer, Sir, to the passage concerning a "try", and its subsequently being "disallowed".

By good fortune I had a clear view of the ball during this incident, and I noticed—with the keenest disappointment—that the hand which first grounded it issued from a plain blue, and not a striped sleeve. But this is not the point: the better the referee, the more ready he will be to admit his human capacity for error, but as the Laws provide, "he is the sole judge of fact". I am sorry that the journal of a founder member of the Rugby Union should join in the increasing tendency to snipe at the referee. When all is said and done, he is impartial, experienced, and blessed with a closer view of the game than your reporter, myself or any one else off the field.

Finally, Sir, all good wishes to the XV for the great day. Let us also hope for a good game, and for refereeing of as high a standard as that of Mr. T. L. Davies.

Yours etc.,

Mount View,
Weston Road, Stevenage.

D. L. GULLICK.

New Guy's House

SIR,—Your minor criticism of the name 'New Guy's House' will doubtless be overcome by our customary weakness for abbreviations and you may safely bet that, in a few years time, we shall be transferring our patients to 'N.G.H.' or doing a list in 'New'.

Nevertheless, the Board of Governors should be congratulated for having had the courage to avoid selecting one of the more popular but controversial names for the new surgical block.

Yours etc.,

R. H. R. WHITE,
Medical Registrar.

Evelina Children's Hospital,
Southwark Bridge Road,
London, S.E.1.

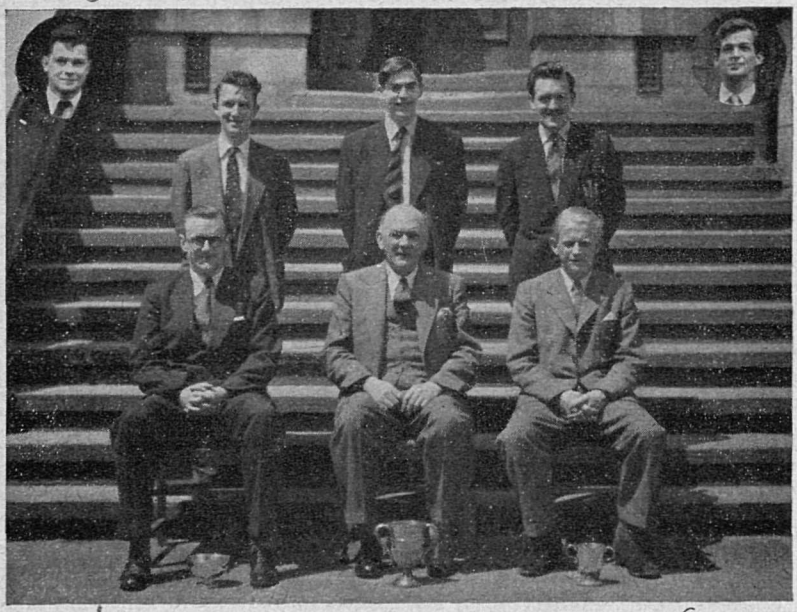
GUY'S HOSPITAL GOLF CLUB

1957

Winners of the London University Championships, 1957

and

Winners of the Inter-Hospitals Cup, 1957



A. P. Reynolds — *T. G. Tetlow* (*Secretary*) — *K. G. Richards*

J. G. Manson — *N. L. Eckhoff, Esq.* (*President*) — *D. M. Holmes* (*Captain*) (*University of London Champion*)

Insets : J. T. Outred — *I. G. Chisholm*

REVIEWS

Psychology and Psychological Medicine for Nurses. By PORTIA HOLMAN, M.D., M.R.C.P., M.R.C.S., D.P.H. Heinemann, 1957. *Price* 10*s.* 6*d.*

This textbook has been designed as a simple textbook for nurses taking the Preliminary and Final State Examinations. Reading it as a non-mental-trained nurse it seemed incomplete. It would have been more helpful if definite conclusions had been drawn or some constructive method of dealing with the problems stated had been suggested.

Several points were made so briefly as to be difficult to understand, the causes of neurosis for example needed more explanation. It would seem therefore that the book must either be used in conjunction with other teaching or should contain suggestions for further reading.

The chapter on treatment was very brief and it might have been more helpful if treatment had been included in some of the case histories given as examples instead of being in a separate chapter.

It would have been interesting to know how much the different forms of treatment were used. For example, what proportion of patients are likely to undergo leucotomy, etc. ? There is, however, an excellent chapter on the behaviour of the patient during illness which every nurse should read, either in this book or in Modern Medicine for Nurses in which the substance of it first appeared.

B.B.W.

Gynaecology : A Handbook for Nurses. By GLADYS H. DODDS. Faber & Faber, 1957. Pp. 178. *Price* 18*s.*

This new edition of a well-accepted book is very welcome. The text is clear and concise; it is well-planned, informative, and each chapter is tabulated, points of importance for the nurse who is learning or revising the subject. The first part of the book is devoted to the anatomy and physiology of the female genital tract, and is well illustrated. The second part gives an interesting account of gynæcological diseases and their treatments. It also includes a new chapter on labour and the puerperium. The third section gives a valuable account of the pre- and post-operative nursing of gynæcological patients, and deals well with essential post-operative observations in the prevention of complications. There is a well-illustrated chapter on the preparation of the patient for operation, and a good account of the chief gynæcological operations. Altogether, this book admirably accomplishes its purpose of providing the student nurse with the essentials of gynæcology.

P.J.

Eden and Holland's Manual of Obstetrics. By ALAN BREWS. J. & A. Churchill Ltd., London. 11th edition, 1957. *Price* 63*s.*

This popular manual of obstetrics is too well known to require any introduction. The frontispiece as plate 1 has maintained its pride of place throughout many editions but one feels that this macabre drawing of an obstetric tragedy should be transferred elsewhere. Plate 13 curiously enough is a reproduction of an X-ray of quadruplet pregnancy and would be a more optimistic frontispiece.

The text is planned in 9 parts followed by informative appendices and a useful index. The opening paragraphs of puerperal infection and Cæsarean section are devoted to historical aspects and this attractive technique could be applied more widely. There are a few printing errors the most notable being "hysterectomy" instead of hysterotomy on page 121. Each section concludes with guides to further reading but certain references are out of date *e.g.* Holland (1920) is quoted for the incidence of rupture in classical Cæsarean section scar.

Part 1 is devoted to normal pregnancy. The second section describes diseases of pregnancy. The emphasis on the surgical treatment of carneous mole is controversial. Nobody would dispute the value of chloral hydrate in labour but the idea that it has a specific effect on the cervix is obsolete. Part 3 is concerned with the conduct of normal labour. The majority of obstetricians would not countenance the use of oxytocic factor in the second stage of labour and a low forceps would be preferable to the use of pitocin when the head is on the perineum.

The management of abnormal labour is described in Part 4. There is too much emphasis on bi-polar and internal version whereas Lovsett's manœuvre is not even mentioned.

Plugging the vagina is recommended in three separate contents, certain cases of placenta prævia and accidental hæmorrhage not in labour and in the treatment of post-partum hæmorrhage following the birth of the placenta. While it is unwise to use the word "never" in medicine "practically never" is not quite strong enough! The use of pitocin injected directly into the uterus through the abdominal wall deserves to be mentioned as a method of dealing with severe post-partum hæmorrhage. In the treatment of shock gum saline would be more effective than "glucose saline". This important section strays further by mentioning saline per rectum or subcutaneously as "useful alternatives" in the management of collapse.

Neonatal asphyxia is fully discussed but many obstetricians would disagree that the endo-tracheal administration of oxygen was the special province of the anæsthetist. Dr. Tallerman's pædiatric section is comprehensive and attractively written.

Obstetric operations are described in Part 8. The use of hydrostatic dilators in uterine inertia are obsolete but this should include Horrock's bag. Accouchement Force is mentioned to be condemned but in the preceding paragraph there is a description of manual dilatation of a 3 finger cervix in the management of "rigid cervix" which seems to contradict the remarks on Accouchement Force. Most obstetricians would deny that a vertical incision in lower segment Cæsarean section had any place in the modern operation.

The last part of the book reviews maternal mortality and morbidity and expresses hopes for the future continued improvement in the maternity service. The criticisms mentioned above appear to be numerous but on the other hand this book contains a wealth of commonsense and wisdom and one has no hesitation in recommending it to both undergraduate and postgraduate students.

F.A.M.

Practical Oto-laryngology. By GERVAIS WARD MCAULIFFE, M.D., F.A.C.S., F.I.C.S., Professor of Otolaryngology, Cornell University Medical College. McGraw-Hill Publishing Co., Ltd., 1957., pp. 320. *Price* 52*s.* 6*d.*

This book is intended primarily for the general practitioner, and the overall impression is that it would meet his demands far more than those of the medical student. On the whole it is a "readable" book, and certain chapters are dealt with in a clear and helpful manner. The technique of examination and minor practical procedures, particularly with reference to the ear, are well outlined. The instruments in everyday use are well described and illustrated. All of the commoner complaints that are encountered are dealt with in detail, together with their treatment, although inevitably there are certain differences in the form of the latter, as practiced in the United States. Pathology and ætiology of disease are not attended to in much detail, and the undergraduate will find that this is a drawback. The reproductions of x-ray plates are unfortunately of poor quality, and certain diagrams are misleading. It is regrettable also that there are a number of errors in spelling, and that there is a tendency to the use of long lists of facts. However, the general practitioner should find this useful as a reference book.

O.H.S.

Nerves Explained. By RICHARD ASHER, M.D., F.R.C.P. Faber & Faber. *Price* 10*s.* 6*d.*

In the introduction the author makes it clear that he writes as a general physician interested in both "bodily and mental illness", and one who believes that there should be no division between physicians and psychiatrists.

Following this reassuring introduction Dr. Asher has produced an unpretentious account of psychiatric illness, one assumes for the benefit of the interested layman, and no doubt many practitioners will recommend this work to lay friends. One would wish that the interested layman would read this or similar books, rather than follow the more common practice and become embedded in a mass of half-digested psychopathology culled from the pages of the psychic determinists.

J.H.P.W.

SPORT

RUGBY FOOTBALL

Guy's v. Exeter

At H.O.P. 22nd February, 1958

Result—Drawn 0-0

It was on a cold, wet London Saturday that we met Exeter at H.O.P. Skipper Buirski was off the playing list following his injury against St. Mary's and he and another stalwart from the pack in Stan Cooke were deputized by J. Sales and J. Gritten, both of whom have much 1st XV experience. The West Country side fielded seven county players and normally a good match would have been expected. With a constant and heavy sleet throughout the game, however, we were lucky to be able to see what we did, and handling and kicking was surprisingly good under the circumstances.

Indeed the Guy's three-quarter play was very neat at times, and the long criticized backs were not responsible for the lack of another win on the score-board. In this game blame lay largely with the forwards—particularly the usually solid front row, whose standard of play was much below their usual standard.

The first-half was fairly even, with play fluctuating from one 25 to the other, but with Guy's showing a little more confidence than their visitors, and gaining territorial advantage towards the closing minutes. Exeter were quickly on to the loose ball and relieved pressure more than once with effective ground kicking. Once this feature was used to excellent effect in attack and Guy's were lucky to clear from a dangerous line-out.

The second-half gave neither side advantage from the elements, and again it was sluggish forward play by Guy's which enabled Exeter to hold us to a draw. The Hospital certainly looked the more dangerous this half. Early on, Hawley broke from his own line and neatly manoeuvered his way through the erstwhile attackers making a good sixty yards before cross-kicking. Unluckily the Exeter full-back fielded and the ensuing line-out play failed to bring a score.

In the tenth minute the visitors nearly scored when one of their forwards dropped on a loose ball which had gone over the Guy's line. It was disallowed, however, and the Hospital pushed them back firmly until the visitors were desperately defending inside their 25. A set scrum under the Exeter posts led to a quick pass from Nicholas to Hackett, who passed to Hawley who attempted a drop goal from just outside the 25. This was disallowed too, and Exeter made use of the lull to take play to midfield. Theirs was the next chance to score, but full-back Atkins went just wide with a penalty two yards outside the 25. A little later Leyshon stopped another dangerous move, featuring Hopper and Manley.

Leyshon and Smith the Guy's wingers might have done more had their usefulness been exploited fully, but the conditions were hardly conducive to ideal rugby, and credit is due for what we saw. The game ended on a bright note as freezing spectators saw a neat break by Hackett who gave Hawley a clear run before cross-kicking to the centre of the field right under the posts. Again unluckily it was reached first by the visiting full-back who touched down between his own goalposts.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, J. Gritten, J. Sales.

Guy's v. Nuneaton

At Nuneaton 8th March, 1958

Result—Won 8-5

This game was played on a heavy pitch, in conditions varying from springlike sunshine to dark clouds and driving snow. The play was vigorous but often scrappy, due possibly to some patchy refereeing.

From the kick-off the fiery Midlanders advanced with forward rush, touch kick, and penalty, Guy's replying with clearances by Hackett, Buirski and Pagliero. Gradually the Hospital settled down and our three-quarters began to see and use more of the ball. Most moves were ended by kicks into the side-lines but a fine midfield break by Hawley all but brought the first score after fifteen minutes.

Pressure was maintained by clean hooking, energetic loose forward play and a good attempt at a 30 yard penalty by Pagliero. Occasionally, however, Nuneaton broke dangerously, twice in succession from blind side drop outs, and once or twice by determined running on the wings. Guy's defended thoughtfully and in the 33rd minute Russell, picking up a loose ball inside his own half, sent Blackwell away right, who handed on to the three-quarters and sent Smith over in the corner. The kick failed.

Guy's now pressed hard and with the ubiquitous Russel stifling the Nuneaton attacks, looked the more polished side. A session in the centre seven minutes later sent Smith away again who found the pack inside him and gave Richards a clear run in to score beneath the posts. Pagliero added conversion points.

The second-half was less than a minute old when Pagliero narrowly missed a penalty from the Nuneaton 10 yard line. The home side swept back, however, and themselves missed two closer shots at goal. Gradually Guy's lost the initiative to the home pack who began to give their lively backs more chances. The game became scrappy and several players became obviously rattled by some loose refereeing and a vociferous crowd. After 25 minutes a scrum on the Guy's 25 yard line brought a blind side Nuneaton movement and their wing, gathering a dubious pass, jinked through to score a try, afterwards converted.

Buirski now pulled his side together and the Hospital advanced by well directed 'up and under' kicks and timely breaks by Lindsey and Smith. Hackett just failed with a drop goal and the game ended with Guy's pressing hard.

An enjoyable game on the whole, with the Hospital showing more variation of ideas and better co-ordination, but a good half hour of the second-half is best forgotten.

Team: Pagliero; Smith, Hawley, Lindsey, Raynsford; Hackett, Nicholas; Van den Berg, Patterson, Richards, Blackwell, Harris, Russel, Buirski (Capt.), Sales.

JUNIOR CUP SEMI-FINAL

Guy's v. St. Mary's

At Teddington 18th February, 1958

Result—Won 11-5

Once again this team showed us they are no easy side to beat, and that their attack, defence and stamina are of the best quality.

St. Mary's kicked off with a stiff cold breeze behind them, which was to show itself of great assistance to both sides during the game.

The home side immediately began to dominate the game showing some very good running in the backs, but Guy's fought back well and though seldom penetrating the St. Mary's half, managed to keep the play around the 10 and 25 yard lines by some very solid covering and tackling, for which the three-quarters and back-row forwards must share equal credit.

The line-outs were very scrappy, neither side seeming to get the ball out cleanly, and the wings were apparently fooled by the wind as there

were a large number of crooked throws, resulting in tight scrums when full praise must go to all the Guy's forwards, and especially K. Robertson their hooker, for throughout the game they were to dominate this part of the game.

After about 20 minutes play St. Mary's were awarded a penalty kick for goal in the Guy's 25, but their full-back failed wide of the posts. Thus play went on with St. Mary's dominating the open play although throughout the game there were a large number of knock-ons probably due to the cold weather. St. Mary's always tried to assert their speed outside the scrum, and despite the stiff breeze took short kicks and started passing movements from nearly all their free kicks.

Immediately before half-time the St. Mary's left wing scored from a movement, which started on the Guy's 10 yard line, just outside the posts for the full-back to convert leaving them 5-0 up and with time to rest.

As soon as the second half started it was obvious what a large part the wind had played for St. Mary's, for Guy's were off to a flying start and soon into their opponents 25, their kicking which had appeared ineffectual against the wind was as good as any St. Mary's had done in the previous 40 minutes.

Credit must again go to the forwards in this half for they gave the backs a good 65 per cent. of the ball and fought even harder in the loose than they had done in the first half, having many dangerous foot movements and always game to pick up the ball and start a passing movement.

In contrast to St. Mary's tactics, Guy's preferred to use the wind for rushes and some very successful kicks for touch, which kept St. Mary's pinned in their own half even more than Guy's had been previously.

Despite the large number of times the Guy's backs had the ball from a quick heel, they never looked very dangerous and although D. O'Grady and M. Sanders made many good breaks there never seemed to be anyone to take the final pass.

About half way through the second half Guy's were awarded two kicks at goal well within range but unfortunately J. Lee-Potter could not find his mark. But to compensate for this, only a few minutes later, Guy's scored in the far corner, after D. Bryant following a movement out on the left wing charged over for a try by the flag; J. Lee-Potter converted with a long low kick to make the score 5-5.

St. Mary's not to be outdone tried hard to use their backs but never got far past the keen Guy's covering and after a skirmish about 40 yards out and 10 yards from touch the referee awarded a penalty, which Lee-Potter converted to make Guy's 8-5 up with a superb goal.

St. Mary's again fought back, although their scrum was obviously tiring and the scrum half, who had given a beautiful service, was beginning to miss his mark far too often. Nevertheless a movement which began on their own 10 yard line, and must have passed through nearly every hand in the side, had Guy's guessing and finally ended in touch 15 yards from the Guy's line after a good kick from their centre. But, Guy's were soon back again after I. Creed had got the ball from the ensuing line-out and broken away to put the play again in the St. Mary's half.

Five minutes before time D. O'Grady kicked a long drop goal from about 35 yards out to make Guy's the undoubted victors by 11 points to 5.

There were only 4 spectators present from Guy's and about 20 from St. Mary's. Let's hope there will be a better turn out for the final.

Teams J. Lee-Potter; J. Ransford, N. Trayfoot, M. Sanders, A. H. Binsted; D. O'Grady, J. Eustace; A. Knight, K. Robertson, C. B. Jones, J. B. Gritten (Capt.), I. Creed, J. Sales, P. Jackson, D. Bryant.

UNITED HOSPITALS BOXING CHAMPIONSHIPS

19th February, 1958

Guy's, 26 ; St. Thomas's, 24 ; St. Mary's, 19 ; London, 8 ; St. George's, 3.

Following their afternoon success in the Rugby Cup Semi-final, Guy's that evening proceeded to win the United Hospitals Boxing Championships for the second successive year—being the tenth such victory out of the last eleven tournaments. The team displayed a high standard of fitness and ring-craft: this had been achieved as a result of patient and skilful coaching by trainer Reg. Tucker—whose efforts deserve the highest praise.

SEMI-FINALS

Chater, Holme-Smith and Willems all defeated their opponents with varying degrees of rapidity. Following this excellent beginning, Guy's suffered several reverses :

Welter: R. HOOKER lost to Dickson of St. Mary's. He boxed extremely well and showed promise but was handicapped by being comparatively unfit.

Light-Middle: S. McH. YOUNG met an old school friend in Taylor of St. Thomas's ; this proved a severe disadvantage, for Young began apprehensively—allowing Taylor to dictate the pace of the 1st round. However, in the 2nd round, he began to score with good straight lefts and was regaining the advantage, when, following a flurry of blows at close quarters, he received a hard right to the jaw. He went down for a count of six and this proved to be the turning-point, for, although he continued to box with courage, the referee rightly stopped the contest in the 3rd round.

Two of the better Guy's boxers also came to grief in semi-final contests :

Light-Heavy: N. C. RUSSELL boxed well against a tall, awkward opponent who succeeded in landing several long lefts to the face. One of these opened a small cut on Russell's cheek and, realising that this might cause the referee to stop the contest, he went all out in the 2nd round—attempting to win by a k.o. In the process, which showed every sign of succeeding, his defence was penetrated by a disastrous punch which broke his nose.

Light-Welter: P. J. LEOPARD—undoubtedly the best boxer at Guy's—met D. Taylor, the London University captain. He started well and was boxing with his usual speed and skill, when he was very unlucky to 'walk into' an excellent right cross to the head. He took a long count and rose to box on—though obviously still feeling the effects of this punch. Shortly afterwards, he was again put down for the referee to stop the contest.

FINALS

Heavy: A. G. WILLIAMS was unfortunate in his first outing for Guy's, to come up against so experienced and hard-hitting an opponent as 'chopper' Mallett of St. Mary's. He showed no lack of courage and should soon win a championship.

On their second appearance of the evening, the following won championships :

Feather: P. J. A. WILLEMS this year entered the ring fit and this enabled him to show the talent which has undoubtedly lain dormant for years. His opponent was completely outclassed and it is doubtful whether the latter landed one punch. It was a first-class display of speed and straight punching: he appeared to score at will with either hand. This controlled onslaught inevitably put down his opponent and the referee stopped the one-sided contest in the 1st round.

Light: E. J. M. CHATER is a boxer of some skill, although this is masked by an over-eager approach. He began by throwing punches—especially the right—wildly and this, coupled with his somewhat wide-legged stance, would leave him off-balance. After steadying advice from his corner, he used a powerful left-right combination to good effect. Following a good display of in-fighting, the referee stopped the contest in his favour.

Welter: J. G. HOLMES-SMITH, as in his semi-final contest, employed an effective combination of power and relentless attack. He punished his opponent's head—waiting, with commendable self-restraint, until the latter emerged from a defensive posture before landing crisp, clean punches to the face with either hand. The referee had no hesitation in calling a halt, halfway through the 2nd round.

After presenting the Cup to M. I. REEVE (Guy's captain), Mr. A. DICKSON WRIGHT of St. Mary's (U.H.A.B.C. president) was heard to remark that, as St. Mary's had been beaten that afternoon by Guy's at Rugby and again that evening at Boxing, any patient was bound to receive rougher treatment at Guy's than at St. Mary's ! To which we would like to reply: Dare quam accipere !

GUY'S HOSPITAL CROSS COUNTRY CLUB

Wednesday, 29th January, 1958.

After a defeat by the London Hospital over their own course at Hale End, the previous Wednesday, we turned the tables in the Hyde Park Road Race, organised by St. Mary's Hospital, over 6 miles. Fine packing was the secret of this success, Guy's coming 4th (Rickett), 6th (Davis), 8th (Mitchell), 12th (Parratt), 13th (Phipps), taking 43 points to the London's 46.

Saturday, 15th February, 1958.

Kent-Hughes Inter-Hospitals Cross-Country Championship

A very fit Guy's team, complete for the first time this season, turned out to meet the challenge of the Middlesex and London Hospitals, who were our chief opponents. The day was almost spring-like, and many senior members came along to watch, or themselves run. We were delighted to have the support of the club President, Mr. J. S. Tomkinson, with Mrs. Tomkinson and their family, Dr. and Mrs. Roy Goulding, and Dr. A. E. J. Etheridge. The morale of the team could not have been higher. Sir Arthur Porritt started the 50 odd runners and, after the first mad rush down the slippery side, Rickett took the lead, followed closely by Bishton (Middlesex) and Hillenbrand (London); Huddy and the remainder of the Guy's first team followed closely behind these, while the Guy's second team distributed themselves favourably among the field. Coming down the slope before "Clay Hill," Ford, Davis, Mitchell, Phipps and Parratt in one "scrum-like" bunch moved up, with only McMichael (U.C.H.) ahead of them. Rickett was overtaken by Bishton and Hillenbrand, but this group kept well ahead of the rest of the field. The order remained more or less unchanged over the rest of the course. Huddy (Captain) was forced to retire two miles from home, with a twisted ankle, and the Guy's team romped home in one of the most convincing wins in this championship's history. Rickett's fine running placed him third, Davis and Mitchell (both freshmen) running really magnificently to come 5th and 6th, Parratt 7th, Ford and Phipps 8th equal. Not content with this, the Guy's second team took fourth place, beating St. Mary's first team by one point.

Kent-Hughes Championship, Placings and time

3rd	J. W. S. Rickett	33 min.	38 sec.
5th	A. E. Davis	34 ,,	36 ,,
6th	J. Mitchell	34 ,,	40 ,,
7th	A. J. Parratt	35 ,,	5 ,,
8th	P. J. Phipps, M. A. Ford	35 ,,	12 ,,
24th	C. R. Boothby	37 ,,	28 ,,
26th	O. C. Legg	38 ,,	34 ,,
27th	N. Stamp	38 ,,	41 ,,
32nd	J. Brewer	39 ,,	10 ,,
38th	J. Meyer	40 ,,	6 ,,
43rd	R. Willé	41 ,,	20 ,,

I	Guy's I	29 points
II	Middlesex	67 points
III	London	77 points
IV	Guy's II	164 points
V	St. Mary's	165 points

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Dental Research Fellow in the Department of Dental Medicine**, to commence duties on 1st October, 1958. Candidates should have had some experience of research in a relevant branch of science. Initial salary in a scale £900—£1,150 with increments of £100 per annum, according to experience and qualifications, plus family allowances and superannuation. The appointment is for 3 years in the first instance and the holder is eligible for re-appointment for a limited period.

Forms of application may be obtained from the Dean, The Dental School, Guy's Hospital, London, S.E.1, to whom applications with the names and addresses of two referees should be sent not later than **Saturday, 19th April, 1958.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st May, 1958. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **28th March, 1958.**

APPOINTMENT

Richard Rowlandson has been appointed to Consultant Sessions at the Brook Hospital, Shooters Hill, and at Preston Hall as a Thoracic Surgeon.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
February, 1958

Surgery

J. F. R. Adams

Medicine
*P. J. Gladders

Midwifery
*G. R. Hill R. H. MacKeith

*Have completed the examination.

UNIVERSITY OF CAMBRIDGE

M.S.
R. G. Beard

UNIVERSITY OF LONDON

Ph.D.
Faculty of Medicine
B. K. Acharya

NURSING NEWS

The following changes have taken place amongst the Nursing staff.

Left:
Sister E. Lister (*Evelina*).
S/N L. Waitt.
S/N M. Buckley.

Entered:
S/N L. E. J. Stevenson (*Surgery*).
S/N K. Belton (*Christopher*).
Mr. Tantum (*York Clinic*).
S/N W. Shirley (*Evelina*).

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

To Let

LADIES ONLY. Bed-sitter, easy access Guy's. Share kitchen with one other. All electricity, etc., provided. 47*s.* 6*d.* per week. BEC 8080.

For Sale

MEDICAL BOOKS, various current edts. in new condition, very cheap. C. Ash, Sons & Co. Ltd. 1, St. Thomas's Street, S.E.1.

INDEX 1957 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4*s.* 6*d.* each.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

HISTORY OF GUY'S reduced to clear 5*s.* each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

SHERLOCK HOLMES AND DR. WATSON. 2*s.* The Hound of the Baskervilles 1*s.*

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Nissim, J. A. Gonadotrophin Incompatibility Within Species and Stains. *J. Physiol.*, 1958,

Garland, T. O. Health, Welfare and Safety in New Zealand. *Brit. J. industr. Med.*, 1958, **15**, 23.

Law, F. W. Needless Loss of Vision: Its Prevention. *Canad. med. Ass. J.*, 1958, **78**, 1.

Maizels, M. and others. Data for the Calculation of the Rate Coefficients of Sodium Transfer by Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 48.

Maizels, M. and others. The Effects of Certain Physical Factors and of the Cardiac Glycosides on Sodium Transfer by Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 61.

Maizels, M. and others. Metabolism and Sodium Transfer of Mouse Ascites Tumour Cells. *J. Physiol.*, 1958, **140**, 80.

CHANGES OF ADDRESS

C. D. Bulstrode, L.M.S.S.A., "Bryn", Bodmin, Cornwall. (Tel. Bodmin 26).

N. L. Crabtree, B.D.S., L.D.S., 121, Main Street, Chilliwack, B.C., Canada.

R. J. Vale, M.R.C.P., F.F.A.R.C.S., D.A., *80, Copers Cope Road, Beckenham, Kent.* (Tel. Beckenham 8080).

G. V. L. Williams, T.D., L.D.S.R.C.S., "Bank House", Shadwell, Nr. Leeds. (Tel. 66-7119).

BIRTHS

ALLDRIDGE.—On 7th March, 1958, to Gillian (née Terry), wife of Douglas G. E. Alldridge, M.B. B.S. a son (Terence Douglas) a brother for Victoria.

DAVISON.—On 17th February, 1958, at Savernake Hospital Marlborough to Anne (née Rogers, S.R.N.), wife of David Davison, M.B., B.S., a son (Jonathan Mark).

EDBROOKE.—On 20th December, 1957, to Sheila (née Organ, S.R.N.), wife of Richard Edbrooke, a son (Ross Philip).

HAAS.—On 27th February, 1958, at the London Hospital, to Ilse (née Philippsohn), wife of Leonard Haas, M.D., M.R.C.P., a son (Richard David Walter).

METCALFE.—On 27th February, 1958, at Caenwood, Ashtead, to Pat (née Exelby, S.R.N.), wife of John Metcalfe, B.D.S., L.D.S., a son (Guy), a brother for Paul.

O'CONNOR.—On 30th January, 1958, to Angela (née Diamond, S.R.N.), wife of Dr. Peter O'Connor of Dept. of Pathology, University College Dublin, a daughter (Anne Genevieve), a sister for Malachy.

MARRIAGE

LAMBERT—WILLIAMS.—On 1st February, 1958, at St. Michael's Church, Chester Square, S.W.1, Anthony Lambert, B.A., to Anne Williams, S.R.N.

DEATHS

HARRIS.—On 27th February, 1958, Albert Harris, L.D.S.R.C.S., of 38a, Brunswick Terrace, Hove 2, and late of 44, Harley Street, W.1, in his 78th year.

JONES.—On 26th December, 1957, James Trevelyan Jones, M.R.C.S., L.R.C.P., of Tudor Hall, Llwyndafydd, Llandyssul, Cardiganshire (late of Aberkenfig, Glam.), aged 64

PARRY.—On 19th February, 1958, Leonard Arthur Parry, M.D., F.R.C.S., at Brighton, aged 87 years.

IN MEMORIAM

In loving memory of John Garvin Stebbing, M.B., B.S., on his birthday, March 12th.

EDS. { J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1818 *29th March* 1958 *One Shilling*

PASSIM

THE recent controversy over the televising of operations is not one into which we shall enter ; the emphasis, rightly, was on the welfare and morale of the public. It served, however, to focus attention once more on television as a new means available to the profession for that passing-on of knowledge gained from experience, which is as old as Medicine itself. The training of today's medical student is an eloquent testimony to the oldest and most satisfactory method, of person-to-person instruction in the relation of master and pupil. Only in this way can basic conceptions be surely imparted ; when the essential opportunity is allowed, to seek clarification or amplification of points both major and minor. Questions may have to be postponed in the case of the formal lecture, but not for long. An unrestrained discourse is possible only because of the ease with which an incautious phrase can be withdrawn or an unintended meaning modified. Textbooks, which are not a method of teaching but merely a record of teaching material, retain the merit of having been checked for any variance from the author's intention. A further step is the use of film, which has won due respect as a vivid and more versatile alternative to the textbook. The enforced passivity of the student prevents the film from being anything more than this, and it is on this distinction that the true value of television as a teaching method hinges. To work to a rigid script and schedule is to duplicate the function of the film ; the immediacy of television is not adequately exploited until the content of a programme can be discussed by the viewing audience with the protagonist on the screen as he works. Given this, television immediately becomes the one true alternative to personal tuition. In the recent controversy, the medical profession was unanimous in its concern that trifling use should not be made of medical material for television, though opinions differed as to what this constituted. As it is only three months since we reported a pioneer colour transmission put on by Guy's to show what could be done, we feel that it would be a thousand pities if recent events gave the false impression that the profession is reactionary in its attitude to this medium, and we make no apology for reiterating the confident and even impatient anticipation of television's impact on medical education, which we expressed last December.

We warmly congratulate Miss C. O'Toole upon her appointment, from 12th May, as Matron of the Royal Masonic Hospital. As

Sister and Assistant Matron, and for two years as First Assistant and Deputy Matron, she has been a prominent and popular figure in the Hospital, and we shall be sorry to lose her.

We welcome back this week Dr. Stafford-Clark, who returns from a two and a half months' lecture tour in India. We hope that he has brought some warmer weather back with him ; we do not yet find the evidence that spring is here to be very convincing.

It is our sad duty to record in this issue that the Rugby Cup has eluded us for a further year. We offer our sincere and hearty congratulations to St. Thomas's on their victory, and our sympathy to Mr. Buirski and his men, who came so close to what would have been a well-deserved triumph. In spite of massive preparations in the form of two brewery lorries (with churn), and a mobile breakdown crane, Guy's were denied even the consolation of winning a worthwhile battle off the field, as the opposition when it eventually arrived numbered only two or three dozen, while their front line included a notable proportion of ladies, who conducted a minor war for most of the afternoon at the expense of several personnel captured by the lorries. The day before, two Guy's vessels circumnavigated St. Thomas's, and we had the pleasure of an exclusive but inconclusive interview with a charming hostage from their school of Physiotherapy, who was prevailed upon to make an extended visit to Guy's. She was none the worse when we saw her hurling bags of flour at Richmond. Some nocturnal lady visitors of similar provenance returned home, we understand, with their spirits somewhat dampened.

We are very happy to congratulate the "A" XV on their winning the Hospitals' Junior Cup on 18th March, by beating St. Thomas's at Teddington, six points to nil.

We are now able to report on the details of the immediate horizon from the front gate of the Hospital. All the shops are now named, though not all are opened. At the western end, opposite Matron's House, is the new showroom of Messrs. Down Bros., Mayer and Phelps. Next door, opposite the Hospital Gates, is the double front of J. Nesbit-Evans & Co., The West of England Sack Contractors Ltd. A white single front then announces Malcolmson's, cleaners and dyers, and a further single front is that of the Guys and Dolls Espresso coffee bar. Finally, on a double front which also turns the corner, are Messrs. L. W. Morland & Co., a travel, shipping and ticket agency. The buildings are two storeys high, in red brick.

An unfortunate error, for which we apologise, led to the report in our last issue that the music in the Residents' Play was by James Willis. This should have read : "Music by Michael Vickers and Geoffrey Baker. Produced by James Willis".

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Fractures of the Spine.*
31st	M	1.00	Dr. T. H. Hills. Clinical Lecture. Mr. A. R. Thompson. Dental Clinical Lecture. *Some Attitudes Towards Conservative Dentistry.*
APRIL			Exhibition. Department of Surgery. *Osteomyelitis.*
1st	T	1.00	Dr. R. C. Mac Keith. Clinical Lecture.
10th	Th	1.00	Dr. Hunter (London Hospital). Clinical Lecture. *Diseases of Occupation II*
11th	F	1.00	Dr. J. C. Houston. Clinical Lecture.
12th	S	10.00	Sir Russell Brock. Departmental Round. Clinical Theatre.
30th	W	4.45	Guy's Science Club. Dr. S. Wyard. *Detection of free radicals by the E.S.R. spectroscope, a new technique for medical and biological research.*

NOTICES

GUY'S HOSPITAL REPORTS. Vol. 107. No. 1.

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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GUY'S HOSPITAL CHAPEL

HOLY WEEK AND EASTER, 1958

Palm Sunday—March 30th.
7.0 and 8.20 a.m. Holy Communion.
10.45 a.m. Morning Service and Address.

Monday—Thursday.
7.0 a.m. Holy Communion.
8.45 p.m. Evening Service.

Good Friday.
7.0 a.m. Ante-Communion.
10.45 a.m. Morning Service.

Easter Day.
7.0 and 8.20 a.m. Holy Communion.
10.45 a.m. Morning Service and Address.

PUPILS' PHYSICAL SOCIETY

Laidlaw and Beddard Prizes

Prize money of the value of £5 is offered for the best paper on a subject of pathological, medical or surgical interest. A second prize is offered for the best paper on the subject of a clinical case or cases.

Students and pre-registration graduates are eligible.

Papers should be brief (about 10-15 minutes), and will be read before a meeting of the Pupils' Physical Society which is to be held in the Pre-Clinical Classroom, on Thursday, 24th April, at 5.30 p.m.

The judges will be the Pre-Clinical Tutor and the Secretaries of the Society.

Titles and brief abstracts of papers should be submitted to the Secretaries by 21st April.

RESIDENTS' BALL, 1958

The Residents' Ball will be held at the Park Lane Hotel, on Friday, 2nd May, 1958. Reception at 8.0 p.m. for 8.45 p m.

Mrs. W. D. Doherty has kindly consented to act as hostess.

Tickets, price £3 10*s.* 0*d.*, are available from Messrs. K. B. Tyrer and D. G. Yetman.

DRAFT PROGRAMME FOR WEEK-END POSTGRADUATE COURSE AT EVELINA HOSPITAL—MAY 10th/11th, 1958

Saturday, May 10th

9.30 a.m.	Exhibits (prepared by Dr. R. H. R. White) on view.
10.00 a.m.	Dr. B. Buckley Sharp welcomes participants.
10.15 a.m.	Dr. B. Buckley Sharp: *Psychosomatic Medicine in Paediatric Practice.*
11.00 a.m.	Coffee.
11.15 a.m.	Mr. R. S. Lawrie: *Some recent cases* (with slides).
12.00 noon	Dr. R. W. Smithells: *Medical Cases.*
12.45 p.m.	LUNCH.
2.15 p.m.	Dr. Ian Mackenzie: *Epilepsy*
3.00 p.m.	Discussion: *Can we improve the care of the newborn ?* An Obstetrician, a Midwife, a Pædiatrician and the Postgraduate G.Ps. The Chair will be taken by a G.P. (Dr. Lawrence Page).
3.45 p.m.	Dr. M. C. Joseph: *Therapy in Infancy and Childhood.*

Sunday, May 11th.

9.30 a.m.	Exhibits on view.
10.00 a.m.	Dr. G. Pampiglione. *Electroencephalography in Childhood.*
10.45 a.m.	Coffee.
11.00 a.m.	Dr. M. Backett. *Poliomyelitis.*
11.45 a.m.	Mr. P. C. Clarkson. *The Principles of the Care of Soft Tissue Trauma In Childhood.*
12.30 p.m.	End.

The Editors of the *Gazette* will welcome contributions of 500-800 words, from students and others, of a medical, topical, or humorous nature. Contributions may be left in the Front Lodge or addressed to the *Gazette* Office.

THE PRINCIPLES UNDERLYING INTERMITTENT POSITIVE PRESSURE RESPIRATION*

By ANDREW THORNTON, M.B., F.F.A.R.C.S., D.A.

History

Many years have elapsed since Elisha restored to life the child of a Shulamite woman by breathing into its mouth[1].

In 1530, Paracelsus used bellows pressed into the nostrils of unconscious and apnoeic patients and in 1542, Vesalius passed a reed into the aspera anterior of a dog and effectively administered artificial respiration.

Today, inflation of the lungs by positive (pressure more than atmospheric) intratracheal pressure has become a commonplace procedure. This is largely due to the work of Lassen[2] who described its use in bulbar poliomyelitis during the serious outbreak in Copenhagen of 1952. Since then positive pressure ventilation has been used successfully in a diversity and multiplicity of conditions; severe poliomyelitis[3], the Landry-Guillain-Barré syndrome[4], asphyxia neonatorum, injury to the brain and upper cervical spine, tetanus treated with relaxants[5, 6, 7, 8], barbiturate poisoning, salicylate intoxication[9], poisoning with anti-cholinesterases, crush injury to the chest[10, 11], cor pulmonale and emphysema[12].

Indications

Essentially, positive pressure respiration is of most value in respiratory insufficiency: in other words, where external respiration cannot keep pace with internal respiration. Such cases may arise as a result of pathological conditions of the central or peripheral nervous system, neuromuscular block (curare and succinylcholine chloride), obstruction to the airway, changes in the air/blood barrier (pneumonia, atelectasis, emphysema), or injury to the chest wall.

One of the severest forms of respiratory insufficiency is now produced intentionally by anaesthetists in the day-to-day administration of muscle relaxants.

Technique as described by Lassen[2]

This method has now become a standard method of managing cases of respiratory insufficiency.

Between 1934 and 1944, 76 patients were admitted to the Blegams Hospital; 80% of these patients died. Of these patients, 51 had bulbar poliomyelitis and 48 (94%) died. In 1952, 5,722 cases were notified and 2,722 passed through Blegams Hospital. 866 were paralytic and 1856 non-paralytic. 318 of the paralytic patients were treated by tracheotomy and artificial respiration, and the mortality was dramatically reduced from 80% to 40% almost overnight.

In cases with impairment of swallowing, provided respiratory failure did not develop, treatment was effectively carried out by postural drainage and intermittent aspiration of the airway.

Patients with a combination of respiratory insufficiency and accumulation of secretions could not be adequately ventilated in a tank-type respirator. A tracheotomy was therefore performed, a

Based on a Paper read to the Science Club, Guy's Hospital, May, 1957.

tracheal inflatable cuff-tube inserted in order to seal off the airway from above, and ventilation carried out through the tube with nitrous oxide/oxygen mixtures or, preferably, air. This method allowed adequate respiratory control at the same time permitting the easy accessibility of the tracheo-bronchial tree for the aspiration of secretions. Vigorous physiotherapy coupled with this treatment helped to reduce any pulmonary complications.

The situation in August, 1952, was critical, 30-50 patients with poliomyelitis were admitted daily, of whom 8-12 were drowning in their secretions. Very few mechanical respirators were at hand and therefore manual positive pressure ventilation through an endotracheal inflatable cuff-tube was performed by teams of helpers, mainly students.

The type of apparatus used was simply a Waters canister connected to a source of oxygen or air, together with a reservoir bag by which means the patient could be ventilated. Later, mechanical respirators were developed.

Problems arising from the by-passing of the upper respiratory tract

Humidification: Examination of the warming and moistening capabilities of man shows that the nose supplies a considerable amount of heat and moisture, but does not bring inspired air up to body temperature or saturation point. Measurements by Greville MacDonald in 1889[13] showed that with chilled air varying from 20°F to 54°F the air after passing through the nose of the human being was raised in the first instance to 84°F and in the second instance to 96°F. Figures given by Perwitzscky in 1927[14] are :

Inspired air	77°F
Nasopharynx	93°F
Trachea	97°F

In the nasopharynx of man there is a deficiency of heat and also of moisture, both of which are corrected as the air passes down the respiratory tract, until in the terminal bronchioles it is at body temperature and is saturated with moisture. To achieve this saturation of warm air, so as to bring it up to 100% relative humidity, requires the addition of much moisture, since relative humidity varies inversely with temperature. The source of supply is in part the secretion of goblet cells in the epithelial and racemose glands, the sub-mucous layers of what is called the respiratory epithelium, together with secretions from Bowman's glands beneath the olfactory mucosa; there is, in addition, water vapour given off by transudation from the capillaries through the walls of the epithelial cells, with evaporation into the air current.

Furthermore, Perwitzscky found that when room air was 40% saturated at 25°C and breathed through the nose, the relative humidity in the lower part of the trachea was 90% and the temperature 36°C. When the air was inhaled through a tracheotomy tube, however, the relative humidity of the trachea was only 51%.

These findings are similar to the conditions found when intermittent positive pressure ventilation is employed using dry gases straight from a cylinder. Clinically, it is noticed that if ventilation is performed without humidification, crusty and viscous secretions occur in the tracheo-bronchial tree with subsequent embarrassment of respiration due to blocking of the air passages and possible collapse of lung tissue. This is largely avoided if the air or gases are humidified prior to them being used to ventilate the patient's lungs. Even with a patient breathing normally through a tracheotomy tube, secretions occur in abundance due to the by-passing of the upper respiratory tract. Recently, attempts have been made to devise apparatus to humidify the air of patients with a tracheostomy[15].

Reduction in the Anatomical Dead Space: Tracheostomy reduces the dead space very considerably and this is naturally of great importance in a patient with respiratory insufficiency ; resistance to respiration is reduced together with muscular effort and as a consequence oxygen consumption falls. It has been found that with tracheostomy and endotracheal intubation, the decrease in respiratory dead space can be estimated from the relative volume of the oro-nasal dead

space with a reasonable degree of accuracy. According to the calculations of Rohrer the volume of the oro-nasal dead space is approximately equal to 50% of the total dead space (anatomical).

It has also been found that the dead space bears a direct relationship to the weight of an individual in pounds[16].

Respiratory dead space in mls.=body weight in lbs.

Ventilation

Volume: During the initial stage of the Copenhagen epidemic, positive pressure ventilation was carried out by manual compression of the reservoir bag of an anæsthetic machine or a similar arrangement.

Apart from being very tiring for the operator, it was not surprising that under-ventilation, over-ventilation and their accompanying sequelæ occurred with considerable frequency. On the whole it is found that most people tend to over-ventilate when they are given a reservoir bag and told to inflate a paralysed patient's lungs. As a result, changes in the blood chemistry commonly occur and give a fairly accurate estimate of how the patient is being ventilated.

With treatment becoming more circumscribed and more routine, mechanical respirators have been developed and more attention has been paid to ensuring correct ventilation.

An approximate estimate of an individual patient's requirements of optimal tidal air can be estimated from a knowledge of his or her age and weight using the Nomogram of Radford[16]. Corrections need to be made for fever (the minute volume should be increased 5% for every 1°F of fever), for reduction in dead space by virtue of the tracheotomy, and for activity.

It should be stressed, however, that it is possible to avoid anoxia with accompanying cyanosis (in the patient who is not anæmic) and yet have serious degrees of hypercarbia which can be deleterious to the patient over a period of time. It is of great importance therefore that ventilation is adequate. The only accurate way of determining whether a patient is *receiving* an adequate minute volume is to measure the output *from* the patient's lungs. This can be done quite easily by letting the expired air flow through a suitably calibrated gasmeter. If the output from the machine is used as a guide it will be found to be inaccurate as expansion of tubing and leaks lead to a fall in the actual volume reaching the patient. Thus, to some extent, one may estimate roughly the patient's respiratory needs without reference to laborious estimations of oxygen, and carbon dioxide determinations.

Pressures: Various workers (Ibsen 1954[17] and Spalding 1955[18]), have correlated inspiratory pressures with tidal volume and duration of respiration. They have shown that in the normal healthy lung of a paralysed patient, the amount of tidal air is almost directly proportional to the inspiratory pressure. When, however, there is major bronchial obstruction or (as in tetanus), rigidity of the respiratory muscles, an increase in pressure may produce little or no increase in tidal air. They have also shown that a large proportion of tidal air enters during the early part of inspiration with a result that adequate tidal air may be obtainable by an inspiratory phase lasting 0.6 sec. It was found that little was gained by prolonging it beyond 1.5 sec. and to do so embarrassed the circulation without providing any compensatory advantage.

Positive pressure (intratracheal) in the severely toxic patient or in the patient on the verge of circulatory collapse may precipitate peripheral circulatory failure, presumably by increasing intrathoracic pressure, decreasing venous return to the heart, with a subsequent fall in cardiac output. Werko 1947[19] showed experimentally that the output fell if the mean pressure was more than 5mm mercury (intratracheal). There is thus a case to be made out in favour of a negative (subatmospheric) phase. Results reveal a divergence of opinion as to whether a negative phase is really necessary and at the moment there is no conclusive favour one way or the other. Normally inflation pressures should not be allowed to rise above 15-20 cms water.

Since the introduction of mechanical ventilators with varying degrees of complexity it has been possible to develop various triggering devices which enable the machine to be set in phase by any, however feeble, respiratory movement of the patient. Thus at no time does the patient have to make a respiratory movement against that of the machine. The desirability of this mechanism is theoretically sound as movement of the patient against the machine may further embarrass his already overtaxed circulation. Practically, however, it has been found more

desirable for the patient to phase his respiratory efforts, however small, with that of the machine (the rate of which can be altered to suit the patient). Recovery of muscle power within the limits of the disease process is found to be more complete than if the patient is not encouraged to be lazy by incorporating a trigger device.

Gases

Naturally it is most desirable to inflate the patient's lungs with air. In certain cases this may not be possible. Using a bag, a source of compressed air is required. If this is not available, oxygen may have to be used. The latter may be necessary because the alveolar/blood transference may be impeded on account of consolidation, collapse, or cardiac failure. 100% oxygen should be avoided unless it is required on the above grounds. Pure oxygen is a poison if given over a prolonged period of time, particularly in those who are emphysematous.

In the latter, alveolar ventilation is poor and although the patient may remain pink, dangerously high concentrations of carbon dioxide may occur, leading to coma and circulatory failure. (Emphysema is perhaps a condition where there is a justification for the introduction of a negative phase, to ensure adequate ventilation of the distended air sacs in lungs with poor elasticity.)

In an attempt to reduce the deleterious effects of giving high concentrations of oxygen, nitrous oxide was mixed with the oxygen. This has the added desirable effect of producing mild narcosis and analgesia but unfortunately after prolonged administration, depression of the bone marrow occurs with subsequent reduction in blood cell production[20].

Blood Chemistry

Examination of the arterial and venous carbon dioxide tensions reveal high levels in those patients with threatened or manifest respiratory paralysis with an associated reduction in plasma *p*H. Patients undergoing artificial ventilation tend to have a mild alkalosis. Severe degrees of underventilation always give rise to serious clinical signs (increasing blood pressure and pulse rate, poor general condition and sweating). These are generally easy to recognize. Overventilation however, is more difficult to detect clinically, and the results of hypocarbia may be equally serious for considerable reduction in cerebral blood flow occurs when the patient is alkalotic. An inconstant finding associated with hyperventilation is tetany, which is more easily recognizable in those who are only partially paralysed. Some patients may even complain of tingling in the extremities if they are able to indicate by some means or other.

Finally, profound changes in liver function sometimes with associated hypoproteinæmia have been described with certain cases undergoing intermittent positive pressure ventilation. This may be due to venous engorgement as a result of the obstruction to venous flow caused by the positive pressure, and anoxia.

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"THE MIKADO"

A GREAT DIVORCE seems to have taken place between the choir and the orchestra of the Music Club, and as a result the strain that each exerted on the other has been removed. On Thursday and Friday, 13th and 14th of March, the choir, accompanied by Geoffrey Baker and Thomas Sherwood on a single piano, gave a splendid concert performance of Gilbert and Sullivan's *Mikado*. With William Hain as conductor, this was again an all-Guy's venture and this time it came off.

The Choir was not over-taxed and once they had effected an entry they produced some lively singing with surprisingly good diction—perhaps not so surprising after all as Gilbert turned out some of the finest libretti in the English language : his lines sing easily while retaining the flow of everyday speech. Even : "O ri ! Bik-ku-rishak Ku-ri-to ! " means far more than a lot of the archaic pseudo-romantic distortions we so often get from certain professors and other translators. And here we have occasion to praise Richard Lewin for the excellent script which he prepared for the narrator ; it contained all the information about what was happening and yet remained light, witty and brief. Reading it, Dr. Lessof brought to the platform the right fairy-story atmosphere to bridge the gap between the concert version and a fine stage production ; judging by the response the audience did the rest.

The part of *Yum-Yum* was sung by Avril Chopping whose voice had a light sweetness of quality which astonished us when it swelled to ride comfortably over some pretty loud choral passages. Of the other two "little maids from school" *Pitti-Sing*, sung by Joy Strutt, gave a pleasant, well balanced account of her score; it's a pity Sullivan didn't write more for her to sing. Rosalind Smith (*Peep-Bo*) sang nicely too, but didn't quite equal her "sisters" where volume was concerned. In the part of *Katisha*—traditionally the part which Anna Russell refers to as : "*the big fat contralto with a voice like a fog-horn* ", Sheila Widdowson certainly broke with tradition where appearance and voice quality were involved. She sang beautifully though her range was a little limited. Martin Bailey has long been an indispensable factotum to the male side of the choir, sometimes cropping up as a Bass, sometimes as a Tenor and now it seems he is capable of some fine falsetto notes. In the part of *Nanki-Poo*, he may have oscillated a little abruptly between loud and soft but the quality of his voice was so good in both that it was pleasing all the time. The voice of Malcolm Tuddenham, one which has proved a great asset in Residents' Plays and in Christmas Shows, has now come to enrich the growing ranks of Music Club Soloists. As the *Lord High Pooh-Bah*, we were delighted by his performance ; even his occasional slight tremolo was not unpleasant, it just seemed no more than a distinguished characteristic. Richard Huddy's rendering of *Pish-Tush* was perhaps the most musical conception of the evening, revealing an astonishing grasp of what music really means. And in his duet with Martin Bailey when they sang the refrain : "*And the brass will crash, And the trumpets bray, etc.*" the brassy timbre which they contrived was extraordinarily effective. Richard Lewin, on the other hand, as *the Lord High Executioner* gave the best characterisation. His interpretation, aided by a well tuned if slightly constricted voice would lead one to suppose that here was an able singer reared on Gilbert and Sullivan—here was a fan indeed. Barry Ross sang the title rôle very ably though he lacked the conviction which the others possessed. Perhaps he would have done better if he had joined the choir and led the basses in the first half instead of making his first appearance on the platform in the Second Act. We should not, however, judge the power of his voice from what we heard at the concert as the corner of the Physiology Theatre from which he sang seemed to be an acoustical blind-spot. Both he and *Katisha* sounded more distant than the singers who were behind them ! It's a pity the conductor didn't spot this at dress-rehearsal : who else could have done ? And again, with regard to balance, excellent as was the marathon accompaniment of Messrs. Baker and Sherwood, their piano was too prominent throughout ; it should have had the lid down, at least. Nevertheless William Hain deserves a great deal of praise for all the work he must have put into the rehearsals. And all who took part merit our thanks for two memorably enjoyable evenings. We now look forward to hearing the Guy's Orchestra, for the Choir, amongst other things, have certainly delivered a challenge . . .

J-P.V.

"YOU CAN'T TAKE IT WITH YOU"

It has often been said that comedy is the most difficult of all vehicles for the amateur actor. In Moss Hart and George Kaufman's comedy "You Can't Take It With You" there are added difficulties ; a strong Transatlantic flavour and an atmosphere of whimsy not easy to reproduce. It reflects credit on the Theatre Club, therefore, that they were able to convince with such a play.

The story concerns the everyday events in the home of Martin Vanderhoff—"Grandpa"—who has collected around himself a delightful and eccentric array of personalities, most of whom are his relatives, but a few of whom like Mr. De Pinna—("came 5 years ago to deliver the ice and have stayed ever since")—likewise Donald and Rheba are living there because they cannot imagine living anywhere else. As the programme note told us, all the family are individualists with a philosophy of do as you like and no questions asked.

The part of Grandpa is a gift for anyone having the basic ability to use it and congratulations are due to Mr. Nigel Balcombe for extracting most of the "meat" contained in it. Mr. Balcombe has that quality difficult to define—often called stage presence—and this he used to advantage, making the most of the generous share of lines put into his mouth by the authors. It is to his credit that his interpretation allowed one to forget, after the initial shock, the incongruity of his youthful appearance. This single lapse in the otherwise high standard of make-up was a pity.

Paul Sycamore works hard at making fireworks in the cellar with Mr. De Pinna and in his rare moments of leisure follows his hobby of making toys for himself to play with. Mr. Chipping succeeded well in portraying the air of slight bewilderment so essential in the character; starting, at first appearance, with a pronounced American drawl, he was guilty of allowing his accent to drop progressively as the play proceeded. Miss Helen Green as his wife Penelope, presumably finding the accent difficult, very sensibly avoided its use entirely, and carefully acted her characterisation of the mother of the house, a lady with a penchant for writing plays that will never be published.

Their unmarried daughter Alice, played by Miss Sheila Hamilton, is emotionally torn between her love for her family and her embarrassment about their possible effect on the more conventional parents of her boy-friend Tony—Mr. George Read-Ward. Both these characters could have been played with more verve and conviction. I found it a little difficult to believe that they were in love.

Miss Judy Summers as Essie Carmichael, the married daughter, gave a pleasing performance, marred only by the fact that she appeared at times to be too conscious of her audience. Mr. Roddy Lewis as her husband, made the best of a small and rather unrewarding rôle.

As Boris Kolenkhov, Mr. John Steadman commanded respect with his large frame and luxurious beard, but although this fine natural growth added to his appearance, it seemed to detract from his audibility.

Miss Judy Rogers made the most of her small part as Mrs. Kirby, but Mr. Tom Davidson as her husband, lacked the dominating self-confidence and drive one might expect to find in a Wall Street tycoon.

Miss Cynthia Britain successfully conveyed the quiet dignity of the Grand Duchess who has fallen on evil times, and a special mention should be made of the excellent performance of Miss Beverly Charlton as Rheba, the negro maid, ably supported by Mr. Edward Grant as her boy-friend, Donald.

To direct a large number of characters appearing simultaneously on the Physiology Theatre "stage" can be a real problem, as the writer knows from bitter experience, and Miss Patricia Ryder deserves praise for her skilful organisation in this respect. Most of the stage movements and business were well thought out and carefully handled. Mr. Chris Mallinson together with Mr. Peter Dobson and the Props. team, Mr. Kerr and Miss Cutler, produced for us a set that we never tired of seeing, even though it remained before us for three acts. And how pleasing it was to read in the programme: "Lighting—Bob Rew and David Boulton" instead of : "Lighting—Strand Electric ! "

I am sure I speak for every member of the audience when I thank the Theatre Club for a most enjoyable evening.

J.M.H.

IMPRESSIONS OF LECTURERS—V. DR. SIMPSON

GUY'S HOSPITAL R.U.F.C. ANNUAL BALL

The Annual Dinner and Dance of the Guy's Hospital Rugby Union Football Club was held at the Dorchester, on 26th February, and some 240 guests enjoyed a most memorable evening. The guests were received by Mrs. Doherty with the Club Captain, Mr. Buirski.

An excellent menu was served, the highlight being 'Le Surprise Buirski' a sweet whose intended resemblance to a rugger ball was appreciated only by the more perspicacious and less inebriated. Dancing then commenced to Mr. Arthur Salisbury and his band, who provided music which was lively and varied to suit all tastes, styles and generations. Mr. Ian MacDonald Murray provided some rather more energetic entertainment with his bagpipes and seemed reluctant to leave the loud applause which heralded his final item, the Dashing White Sergeant. The dancing finally ended at 2 a.m. with much merriment and numerous exhortations of "Guy's for the Cup."

We were very glad that Mr. Atkins, The President, and his wife were able to attend and also Mr. and Mrs. Lewis, Mr. and Mrs. Batchelor and Dr. and Mrs. Carnegie, and were only sorry that other members of the Consultant Staff were unable to come. We were also very pleased to see old Guy's Rugger Club members bringing parties, notably Dr. Atkinson and Mr. Eustace.

Finally, we would like to thank Mrs. Doherty for receiving the Guests, and Mr. Doherty, who has been both a past Captain and President of the Guy's Rugby Football Club.

Mr. H. J. B. Atkins, President of the Club, and Mrs. Atkins were received by Mrs. Doherty and Mr. Buirski, the Club captain.

IMPRESSIONS OF LECTURERS

We have returned to the practice of identifying the subjects of these drawings in response to numerous requests from old Guy's men.

The drawing in our issue of 1st March was of Dr. Douthwaite, and that of 15th March, was of Dr. Mann.

CORRESPONDENCE

Letters to the Editor of the Gazette

The New Guy's Surgical Block

SIR,—We have read with interest the various names suggested for the New Surgical Block. Now it seems settled that it will be known as "New Guy's House"; this is very fitting.

May I suggest that if the Board of Governors wish to name the wards, they look among the names of younger men, Guy's qualified or otherwise, who gave of themselves to Guy's—young men whose personalities and qualities are still fresh in our minds. May I suggest John Stebbing, Harry Brunow, Albert Albers, and I am sure many others will come to mind.

Yours etc.,

WILLIAM F. DOBSON.

206, Grange Road,
Bermondsey, S.E.1.

Rugby Club Ball

SIR,—In response to the circular letter regarding the Rugger Ball, my two partners and I mustered a party of twelve to join a similar sized party of students.

It was apparent to all that the dance was a great success for the students, but you may like to know, Sir, that the evening was in every way equally enjoyable for the older members of the party, who were unanimous in the hope that a similar function would be held next year.

Yours etc.,

6, Dartford Road,
Sevenoaks.

ROBERT J. EUSTACE.

In the Slips

SIR,—I wonder if this would interest the readers of the *Gazette*. Three students have recently applied for student appointments and have made application to be attached to the Staff as follows:

Dr. Hampton Court. (Drs. Hampton/Kauntze).
Mr. Lorry.
Mr. Grand Massie.

Such is Fame!

Yours etc.,

A. E. WALLIS,
Chief Clerk.

Guy's Hospital Medical School, S.E.1.

REVIEWS

Fluid Balance in Surgical Practice. By L. P. Le QUESNE, M.A., D.M., F.R.C.S. Lloyd Luke (Medical Books) Ltd. 2nd edition, 1957. *Price* 20*s*.

The trickle of books on fluid balance has by now become a torrent, but none of the later works has usurped the place of Mr. Le Quesne's book in the affections of surgical readers. The recent second edition has been extensively revised and new material on some metabolic problems has been added. The reason why the book will continue to hold its place of eminence is that (quite unlike many other texts) it lives up to its title. It is called Fluid Balance in Surgical *Practice* and packed within 140 pages is not only the theoretical basis of fluid maintenance and replacement but also succinct suggestions on how to do it in actual cases. Here is a clear statement of what fluids should be given and why particular solutions should be used. Many readers will find it interesting to note that mixed salt and dextrose solutions are not favoured and there is no doubt that the author

shows that a clearer understanding can be achieved when only normal saline, 5 per cent. dextrose and a special potassium-containing solution are used. The clinical pictures of salt and water depletion are described. The place of potassium in replacement therapy is discussed and practical methods for avoiding post-operative hypokalæmia are stated.

There are few adverse comments to make. In the third edition which will surely be demanded soon, the author could well expand the interesting chapter on the metabolic response to surgery. Also some description of intra-caval infusion would be welcomed, as this valuable technique is bound to become more commonly used in the future. Lastly, one reviewer's idiosyncrasy—the cannula extolled by the author is one which is not very popular with many people who have to use such instruments. The Guest cannula has many advantages over the type described in the book.

This work should be read by all who have to deal with patients who require consideration of their fluid balance. It is warmly recommended to House Surgeons and Surgical Registrars and probably many Consultants would gain from its study. It is an admirable appraisal of the advances in the subject that the last few years have brought.

P.S.B.

We have received the 2nd edition of *Statistica è Sociologia Sanitaria*, by Giovanni L'Eltore. This deals with Italian mortality and morbidity statistics, and a summary of each chapter is given in English. The book may be found in the Wills Library.

SPORT

RUGBY FOOTBALL

HOSPITALS' CUP FINAL

Guy's v. St. Thomas's

At Richmond 19th March, 1958

Result—Lost 6-3

It was Cup Final day again. The conditions were perfect with glorious sunshine and a healthy nip in the air. At the far end of the pitch, two lorries magnificently arrayed in Guy's colours and loaded with supporters, were awaiting the "Tommies" ' onslaught on the sacred Milk Churn. A mobile crane, borrowed from the building site, was waiting in readiness to carry away the Thomas's Cannon. Alas the Cannon never turned up and the "Tommies" ' attack, consisting of a few disorganised footsloggers, was left well in hand.

The scene was set and at 3 o'clock Guy's kicked off against the wind. They were immediately on the attack with the forwards pounding upfield. From a scrum 30 yards out and 10 yards in from touch, Guy's were awarded a penalty and Pagliero made no mistake. Thus Guy's were 3 points up in as many minutes and now looking full of confidence. For the next 15 minutes the Guy's forwards were right on top allowing Hackett and Lindsey to keep a firm hold in the St. Thomas's 25 by good use of the touch-line. Surely now was the time to open up the game, and exert all possible pressure on the St. Thomas's midfield defence. Unfortunately Guy's persisted with rather negative kicking but interspersed with some aggressive marking and dribbling by the Guy's back row. Guy's seemed to slacken a little at this stage and St. Thomas's, now playing decidedly better at forward, gained a hold in our 25. They were awarded a penalty 20 yards out and Kelly banged it over for the equaliser.

Following this, play was even but rather scrappy. Both sides attempted to pass the ball down the line but the handling was uncertain and the attacks broke down. And so to half-time with the score 3 all.

The second half opened with St. Thomas's attacking through their forwards. We now saw something of Sales, playing in place of the injured Hawley. He featured prominently with some determined passing on the right wing. St. Thomas's now took the lead with another penalty kicked by Kelly. Immediately Guy's attacked and were awarded a penalty about 25 yards out which Pagliero narrowly missed. The Guy's forwards were now gaining regular possession of the ball due to some good hooking by Patterson, helped no doubt by a solid shove from Harris and Blackwell. At last it happened, the position was desperate, and the Guy's backs now began to throw the ball about for the first time. This found with immediate success as both Lindsey and Leyshon found gaps in the St. Thomas's defence. This was a grand all-out effort as both forwards and backs threw the ball from one side of the field to the other. Buirski, Cooke, Russell and Blackwell were all prominent in this last 15 minutes. The St. Thomas's back-row covering was being severely tested but somehow they just managed to last out. Breaks by Hackett, Lindsey and Leyshon were all effectively smothered. Smith continued to try hard on the left wing but somehow a desperate defender would bring him down. Just as it seemed that Guy's must score the final whistle went and so St. Thomas's won 6-3.

To summarise, the St. Thomas's forwards played a great game especially their back-row who were all over the field. This, together with some good kicking by their full back won them the game.

For Guy's part, they were unlucky to lose and one felt that if they had opened the game out in the first half when they were well on top, the result might well have gone the other way.

Team: K. A. Pagliero; J. Sales, J. Leyshon, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. Nicholas; J. S. Van den Berg, W. A. Patterson, D. J. Richards, B. Blackwell, P. Harris, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski.

RUGBY FOOTBALL

JUNIOR CUP FINAL

Guy's "A" XV *v.* St. Thomas's "A" XV

At Teddington Tuesday, March 18th 1958

Result—Won 6-0

With the Senior Cup looming ahead Guy's "A" XV went on to the field without one of their star players, J. Sales, who was to play in the first XV as the result of R. T. Hawley having to stand down through injury; nevertheless D. Southcott filled the vacancy more than adequately at back-forward, with P. D. Jackson moving to wing-forward.

Guy's kicked off with a cold fresh breeze blowing from behind and on their left. The fiery Guy's pack were soon pressing hard into the St. Thomas's half mainly by virtue of some good open play by the forwards and especially I. Creed, who throughout the game appeared to be able to break away at will when he had possession.

The ball in the tight was going very evenly with the loose head, and in the first 10 minutes, despite some very smart heeling by both sides, and the backs getting an even share, neither side, though good in defence, seemed to have any force in attack.

After 12 minutes play Guy's were awarded a penalty just inside the St. Thomas's 10 yard line and only 8 yards or so from touch. Unfortunately a splendid kick by J. Lee-Potter went just wide of the posts.

St. Thomas's seemed to come back with new-found energy, and were pressing Guy's very hard for most of this half. Though they never really looked like scoring, Guy's certainly had some worrying moments, and on occasions were losing their own ball in the tight.

The end of the first half saw Guy's coming back into their own but still no score, and it looked as though this might well be a drawn game, so typical of cup matches were the keen defence of both sides.

The second half opened with the same stalemate game that had been seen in the previous half, but it was not long before the weight of the Guy's forwards began to take its toll. After 10 minutes of this half it became apparent that Guy's were certainly on top and probably out of danger, but despite the one-sidedness of the play the St. Thomas's defence seemed impregnable.

Twice half-way through this half D. O'Grady attempted to drop goals, but failed. At the third attempt, however, after 25 minutes play he succeeded, to put Guy's 3-0 up very deservedly.

The pack still pounded St. Thomas's unmercifully but some very excellent touch kicking by their full back D. P. L. May, saved them more than once.

Five minutes from time there was a disastrous crash in mid-field as J. B. Gritten and J. Eustace tackled a St. Thomas's centre together. J. Gritten was out cold for about two minutes but was able to carry on, a little groggily at first but was soon getting possession in the line-outs as before. J. Eustace had to go off for a while to have a very bad cut on his head attended to, but returned very soon against the wish of captain and advisors to play wing-forward, swathed in bandage. D. Bryant went to scrum-half for the rest of the game and though a little slow made sure of hitting his mark with his passes.

With two men obviously not at their best one began to wish the whistle would go to make our 3 points certain. But to show their prowess Guy's were again back to the St. Thomas's 25, and only 4 minutes before time K. Robertson hooked the ball from the blind side, and holding it, the pack pushed them steadily over the line, P. D. Jackson being first to get a hand to the touch down. J. Lee-Potter failed the conversion.

The end saw Guy's well on top and deservedly up by 6 points.

There were some 20 supporters present to cheer a good win including "Harold" one of our keenest "A" XV supporters.

Well played Guy's ! !

Team: J. Lee-Potter, V. E. Equader, M. Sanders, N. Trayfoot, J. Ransford, D. O'Grady, J. Eustace, C. B. James, K. Robertson, A. Knight, J. B. Gritten (Capt.), I Creed, P. D. Jackson, D. Southcott, D. Bryant.

The Report on the 1st XV match against Gloucester has had to be held over owing to pressure of space.

ROWING

This year, for the first time, the Boat Club entered two VIII's for the Reading University Head of the River Race. The first VIII which finished 64th in 1957 managed to hold their position finishing 65th. The VIII had a comfortable row and went well for the first two miles gaining ground on the crews in front with several good 'Tens'. During the last part of the course they made little impression on the Reading University fourth VIII and finished with a time of 17 minutes 31 seconds.

The second VIII was among the new entries in position 114 and rowed over to finish in this position behind St. Mary's Hospital second VIII.

The rowing on this occasion was not of the club's best and it is to be hoped that the fortnight's training until the Tideway Head of the River Race on the 29th March, will yield better results.

The crews were:—

FIRST VIII

Bow: W. Long, (2) R. H. Mindham, (3) J. D. Pullan, (4) T. H. Redpath, (5) W. Heald, (6) F. Schweitzer, (7) P. G. Dobson, *Stroke:* J. Aston, *Cox:* T. Sherwood.

SECOND VIII

Bow: G. Webb, (2) J. Brown, (3) A. P. Lees, (4) J. Stanford, (5) P. Richards, (6) M. Mitchener, (7) H. M. Clink, *Stroke:* L. Usiskin, *Cox:* R. J. Rew.

GOLF

At the Annual General Meeting of the Guy's Golf Society, the following new officers were elected :

Captain :	D. M. Holmes.
Secretary :	A. P. Reynolds
Committee :	T. G. Tetlow
	K. G. Richards.

It was proposed that 30 members of the Society be made affiliate members of the Croham Hurst Golf Club. There would also be made available six floating tickets which other members of the Society could use. These tickets would be obtainable at the Accounts Department (*Miss Pugh*). Any enquiries regarding the above should be made to the Secretary.

Inter-Hospitals Cup

Guy's v. St. Bartholomew's Hospital

12th February, 1958

Result—Won 5-0

D. M. Holmes	beat	C. Stephenson	2/1
R. Cockerill	beat	R. Chare	4/3
K. Richards	beat	F. Abercrombie	7/6
I. Chisholm	beat	J. Sugden	5/4
R. Elsdon-Dew	beat	A. C. Pugh	8/7

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1958 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Clinical Dental Surgery
Part-time Registrar to attend on 2 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

Staff Dental Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 2nd May, 1958.**

Applications are invited for the post of Sister in the Operating Theatres at Guy's Hospital and at the Guy's Evelina Hospital. Also from State Registered Nurses interested in gaining experience in the Theatres and in the Wards.

Applications should be sent to The Matron, Guy's Hospital, London, S.E.1.

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **Part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1958.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Friday, 2nd May, 1958.**

APPOINTMENT

UNIVERSITY OF LIVERPOOL

The following appointment has been made:—

Readership in the Department of Medicine

Dr. C. A. Clarke, M.A., M.D.(Cantab), F.R.C.P.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
March, 1958

Surgery

*E. J. Horgan
*R. H. Mackeith

Midwifery

*J. F. R. Adams

*Have completed the examination.

CONJOINT BOARD

L.R.C.P., M.R.C.S.
March, 1958
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C. Crofton-Sleigh

Anatomy

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R. C. Lallemand

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ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
March, 1958
Anatomy and Physiology

E. W. H. Browne
A. J. Parratt
W. R. Phang
N. Stamp

L.D.S.
Final Examination
February, 1958

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R. J. Saunders
I. W. Scantlebury
J. D. Trezona
W. A. Tucker
J. S. Van den Berg
A. W. Wheelhouse

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1819 12*th April* 1958 *One Shilling*

PASSIM

"NOBODY knows where they come from, and nobody knows where they go". Many of the patients who come into Guy's, or any big hospital, more especially as medical emergencies, overstay, if not their welcome, at least the length of time necessary to effect such medical improvement as may be possible. These are the old, the tired, the dying, and the lost—the great unanswered Problem of the Welfare State. It is remarkably easy for the (usually young) armchair critic to solve the entire situation by laying the responsibility at the door of the family—it is just this sort of facile ideology that shelves problems rather than dealing with them. Obviously relatives, in some cases, could do more and, obviously, if family ties were stronger the problem would arise less often ; nevertheless we have built a Social State that claims to provide an answer to everything and presumes to control even the family. It is a problem that must be answered by the State in the final analysis, and answered quickly and answered well.

The solution obviously lies in making places in the homes designed to care for the chronically ill or dying, at least as easily available as medical beds are at the moment. On second thoughts perhaps, just a little less available so that strenuous efforts would still be made to get the patient rehabilitated. Obviously any system would be open to abuse; no doubt, occasionally, patients would languish in these homes who could conceivably be made useful and happy again. But it is far more reasonable that this danger be accepted than that old people, out of the reach of medical skill, should languish in a big general hospital like Guy's with enormous waiting lists and none of the necessary scope for caring for the old and chronically ill. One such patient has been in the medical wards nearly two years now simply because no accommodation can be found in a suitable institution outside.

The new surgical block is a magnificent and necessary achievement but the Ministry of Health must learn a few home truths.

We record with the deepest regret, the death at his home, on 1st April, of Dr. Hector Charles Cameron, M.D., F.R.C.P., Consultant Physician Emeritus to the Children's Department. He was in his 80th year. To his family and friends Guy's men everywhere will extend deep sympathy. An obituary notice will appear in the next issue of the *Gazette*.

There is about the Hospital just after Easter every year, what almosts amounts to a "New Year" feeling—with 16th April as New Year's Day. A large proportion of the medical students have just finished more or less momentous encounters with the examiners, and can relax, however imperceptibly, their winter routine of nose to the grindstone. Firms change again, a new University term starts, and startles by introducing the word "Summer" among the notices which still rustle in a chill wind. The football seasons, round and ovoid, are moribund if not dead, and one recalls the M.C.C. playing Yorkshire at Lord's very nearly a year ago. Dry and wet bobs re-emerge, with some diffidence in view of the Easter weather, but none the less inevitably. Members of the Hospital have already been observed both playing tennis in shorts, and swimming in the sea—both, we suspect, as a matter of principle so far—but soon, who knows? we may be basking in a heat wave. With our short memories for things atrocious, we shall forget ever having scurried across the Park in overcoat, scarf, and multiform woollens, when we sit there in shirt-sleeves and have to move into the shade to keep cool. Brrr !

The Electrical Engineers' Exhibition at Earls' Court in March included a fascinating display of Electricity in Hospitals, in which the equipment that most interested us was the "staff location" mechanism which we understand is to be in use in New Guy's House. A black-and-silver "pocket-torch", bulky but not very heavy, is worn in the pocket of any person who may be needed in a hurry, such as housemen or take-in dressers, and any one of 336 frequencies can be buzzed, in an insistent but not too-loud continuous tone, or in an urgent "beep-beep" reminiscent of a satellite. Being thirsty, we were pleased to see in the catalogue a "Quench Unit", but this turned out to be part of a Radiation Measurement assembly, along with High-speed Discriminators and Particulate Monitors. A heart-lung machine was never without an awestruck lay audience as it pumped a gory-looking fluid around a vicious circle, its artery pump connected to its venous pump. What Chesterton called "the still thunderbolt of light" had received a gratifying amount of attention, in efforts to produce a shadowless theatre light of optimum intensity, in which the radiant heat is reflected away from the illuminated field. In this sort of direction, the team tackling specific problems of modern medicine extends further than we sometimes realize.

The hard-to-kill legend of the dentist's chair as the scene of unmitigated agony, has been examined in the correspondence columns of *The Times* recently, and Mr. Raymond King struck a blow for fair play last week when he assured a presumably sceptical public that he had himself achieved the enviable stage of confidence and relaxation in which he had actually fallen asleep in the chair. We too have fallen asleep in one of the Dental School's comfortable chairs, and we join Mr. King (a senior medical student who has no axe to grind), in his tribute to the atmosphere and standard of care in the Dental School, which we are sure are equally to be found wherever Guy's dental men practise.

We are happy to publish in this issue a short note from Sir Russell Brock, giving a brief account of his contacts with Guy's men in Thailand last September. News from Guy's men in all longitudes and latitudes is always welcome.

The regular Saturday night "Hops" continue to be very popular in Newcomen Street. These are almost invariably sponsored by a constituent club from the Clubs' Union, though attendance is far from being limited to the membership of the individual club, as witness the large crowds entertained by the Fencing Club, to take an invidious example ! The Golf Club, on 26th April, are among forthcoming sponsors. The Students' Club premises in Newcomen Street, providing as they do a bar, table-tennis, billiards, meeting rooms, a most attractive dance-floor, and warm, comfortable sitting-rooms, are now so indispensable that it is very difficult to realise that fifteen months ago the College reading-room was the sole such room for clinical and preclinical students. To deal with the administrative details takes a good deal of the time of the Students' Club Committee, and a thought for their unselfish and unstinted hard work would not come amiss on the happily infrequent occasions when the Club is treated with less than good manners.

A fixture which was a success last year in spite of disgracefully little support in terms of numbers actually turning up from the Hospital, occurs on Tuesday, April 29th. It is the match between Guy's Hospital A.F.C. and a combined Southwark Clubs' side, to be played at "The Den", the ground of Millwall F.C., in aid of the Imperial Cancer Fund. The kick-off will be at 6.30 p.m., and we urge all those who can do so, to support the Hospital team in what should be a very good match, in which Guy's were lucky to draw last year.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Osteomyelitis.*
15th	T	1.00	Mr. F. R. Kilpatrick. Clinical Lecture.
17th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	Radiology and Cardiology Combined Meeting (Gordon Museum) and the 3rd Thursday in every month.
21st	M	1.00	Sir Russell Brock. Clinical Lecture. *Basic Principles in Cardiac Surgery.*
24th	Th	1.00	Dr. R. O. Barber. Clinical Lecture.
25th	F	1.00	Dr. R. Kauntze. Clinical Lecture. *The Electrocardiogram.*
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
28th	M	1.00	Dr. Charles Baker. Clinical Lecture.
30th	W	4.45	Guy's Science Club. Dr. S. J. Wyard. *Detection of free radicals by the E.S.R. Spectroscope: a new technique for medical and biological research.*

OBITUARY

JAMES STONEHAM

James (Jim) Stoneham entered Guy's in 1931 from Harrow School. He was a popular and hard-working student and later held many house appointments including House Physician to the late Sir Arthur Hurst. He was President of the Residents in 1939. After leaving Guy's, he joined the Royal Air Force. His abilities were quickly recognised and he was promoted Specialist Anæsthetist with the rank of Squadron Leader. The latter part of his service career was a particularly happy one, for he was engaged in work he enjoyed and had with him his wife, Pauline, to whom he was devoted—they met whilst working together at an Air Force hospital.

After the war he was appointed as Anæsthetist to Birmingham Accident Hospital where he gained valuable experience in handling severely shocked patients. He came to the Windsor area in 1947 and after a short time in general practice was appointed as Consultant Anæsthetist to the Windsor Group of hospitals: King Edward VII, Windsor; Heatherwood Orthopædic Hospital, Ascot; Maidenhead; and the Canadian Red Cross Memorial Hospital, Taplow. To these he gave his services unsparingly; his work was of the highest standard and he was meticulous in his care of his patients before, during and after operation. He established for himself the reputation of being a most careful and conscientious anæsthetist and the most courteous of men, to patient, nurse and colleague. It was perhaps this demand he made on himself to maintain such high standards, that contributed to his fatal illness.

He died at the Canadian Red Cross Memorial Hospital on the 14th January, 1958, after an illness lasting six weeks. Those of us who knew him mourn the loss of a truly great friend, and to his wife and two daughters we extend our heartfelt sympathy.

NOTICES

CLUBS' UNION SUBSCRIPTION

At the last meeting of the Clubs' Union Council a proposal was made to increase the annual subscription to the Clubs' Union to 9 guineas per annum. The subscription which now stands at 6 guineas per annum has only been increased by 1 guinea in the past 38 years, and as a result in spite of the most rigid economies it is not possible for the Clubs' Union to meet its commitments from its present income.

This proposal will come up for confirmation at the next meeting of the Clubs' Union Council.

THEATRE CLUB

Nominations of the play for the Theatre Club's December production should be submitted by the prospective producers to the Hon. Secretary by Thursday, 1st May.

Sixty Years Ago

From Guy's Hospital Gazette, 2nd April, 1898.

(From a Clinical Lecture on Exopthalmic Goitre)

Let us now come to one or two more theories as to the nature of the disease. That which seems to me as the most feasible is that the symptoms of exopthalmic goitre are due to a general nervous poisoning, the effects of which fall mainly on the medulla, but I must acknowledge that little or nothing is as yet known as to the nature or production of the poison so acting. There is much to point to the thyroid gland being the *fons et origo* of the poisonous substance.

FACTS AND FANCIES

By LOUIS FORMAN, M.D., F.R.C.P.

A Clinical Lecture delivered at Guy's Hospital, 3rd February 1958.

THERE comes, from time to time, a desire to assess one's attitude to the causation of diseases which are not reasonably well defined; in other words, to separate what we know of fact from fancy. Perhaps the definition of the terms is imperative and should be followed closely.

The Shorter Oxford Dictionary includes the following definition of 'Fact': (i) a datum of experience, (ii) a truth, reality, (iii) a thing assumed as a basis for reference; but for our purpose we would adhere to the first two definitions.

Disorders of the skin offer excellent examples of cause and effect; of reactions the nature and course of which can be predicted. This known response to a specific, sometimes simple sensitising substance provides a datum of experience sufficiently constant to be a 'fact' and, conversely, certain clinical features of the response provide grounds for further inference as to its causation.

When considering the definition of 'Fancy' one is confounded to find how often it embraces one's attitudes and explanations of disease processes both in teaching and to patients. There are obvious reasons for this—there is so much that is not known. Skin reactions can be constantly observed, and many of the reactions are on the border line of physiology and pathology, and are readily reversible; there is a panorama of reactions produced by any noxious influences. In no other organ is it possible to review with such ease the course of a reaction or disease.

In the absence of facts, a working 'Fancy' must suffice and if inspired may, it is hoped, be converted to fact by observation and experiment.

Thus 'Fancy' is defined

(i) an instance of delusive imagination, a delusion.
(ii) signifying an aptitude for the invention of illustrative or decorative imagery.
(iii) supposing oneself to perceive.
(iv) believing without being able to prove.
(v) individual taste, inclination.

How often must we use fancy to describe the mechanism or cause of a skin eruption to a sufferer anxious to be relieved and to have the blow to the even tenor of his life explained and rationalised. How much have fancies changed; "liver dysfunction," "bowel intoxication," "septic infection," sufficed until twenty years ago when the idea of skin reactions being due primarily to mental changes produced by emotional strain and environmental stress gained popular and professional acceptance.

It may be politic to agree that an irritable rash could be due to nervous tension and anxiety for, as Sulzberger points out, few patients will be comforted by being told that the cause, even of a well-defined clinical entity, is not known. In fact, the ability to judge to whom to make this confession, or whom to talk to in generalities and with reasonable analogies, will determine how much confidence and support

can be given to the restless, itching or disfigured patient. However, this rationalisation is not to be allowed to lead to complacency, but to continue, after observation and experiment, to allow fancy to be converted into fact.

That the skin may react in an abnormal manner to physical stimuli, chemicals, and to plants, flowers, vegetables and fruits, is a matter of common experience. This is the 'fact' of contact dermatitis. The possible and known range of sensitising substances includes a large number of the environmental articles which are handled and worn, and also the potential irritants and sensitisers which may be handled in certain occupations. When these substances have a high sensitising index, *e.g.*, some of the polymers produced under the influence of heat and steam in the manufacture of polyvinyl plastic, then the clinical appearances of the reaction are readily recognised and associated with the sensitising material.

In many other examples of contact dermatitis the causation is not so readily appreciated, and may require the most diligent investigation and the co-operation of an intelligent and willing patient. The clinical indications which lead to this enquiry would be the localisation, the shape of the reacting area, the acute relapse and the self-limiting duration of the attack.

The morphology of the rash may vary from slight erythema and scaling, to more severe œdema of the subcutis, severe erythema, vesicles of varying sizes and shapes, and even blisters, with free oozing.

The eczematous phase, when it subsides, may be followed by the thickening and pigmentation of 'lichenification' and it is in this chronic phase that the fancy of the importance of the psychogenic factor in the itching arises. This occurs when the contact sensitising agent is unsuspected, and the patient develops a habit of rubbing an area of skin in which the threshold value to the sensation of itching is lowered.

There are many examples that come to mind. The azo-dye in nail varnish can produce reactions, acute and chronic, of the eyelids, flextures of the elbows, the face, neck, thighs, and even genitals. The eyelids may be the only area to react, and the chronic thickening and pigmentation of the skin has led to the 'fancy' that worry and nervous exhaustion have been responsible. Wherever the nails rest at night the skin can react, and the pattern of the nails may at times be outlined on the neck or trunk; but the dermatitis may become generalised over the face and trunk with one more severely reacting area on the chest or neck as a clue to the contact reaction.

The azo dyes on nylon hair net may also provoke a chronic area of exudative dermatitis on the nape of the neck, or under the chin if the net is tied there. I feel certain that some cases of nuchal dermatitis that used to be considered due to rubbing of an 'erotic' area, the itching being provoked by nervous tension, were due to contact with dye.

Examples of sensitivity to nylon stocking are by no means uncommon, and it is important to understand that the dermatitis may be localised to certain areas only, such as areas of increased contact or moist areas, *e.g.*, where the legs are crossed, behind the knees or the upper thighs. Other areas on the body may react as a result of transfer of the sensitising chemical by the fingers. Nickel sensitivity has provided numerous examples of contact reactions in the very sensitive cases, with patches of acute dermatitis under each suspender and each nickel plated ring, hook, or zip, on the undergarments. Again, an insignificant irritable and scaling area under one suspender only, may be the clue to a more active dermatitis on the flexures of the elbows and the upper eyelids. The localisation to one suspender is determined by the habit of sitting on one thigh or the position of the leg allowing one suspender to be closely applied to the skin. So many articles are nickel plated or composed of nickel, *e.g.*, money, that opportunities for contact are multiplied and obscure. Assistance may be obtained by asking the patient to empty his pockets to display the cigarette lighter, the penknife, the purse with a zip fastener; and the reactions on the hands might well relapse with the use of nickel plated knives and forks.

Very acute vesicular reactions occur on the fingers and wrists due to sensitivity to flowers and plants. In this connection, primula obconica may be called the dermatologist's favourite plant—the patterned vesicular dermatitis gives the clue, and this is very readily confirmed by patch testing.

Some twenty years ago, my friend the late Dr. Klaber, a distinguished dermatologist, observed that on every visit to the North of England for a holiday, he developed a dermatitis of the fingers and face. The first suggestions were that

hard water, cold air, fatigue prior to a holiday, were responsible; he rejected these being of a scientific turn of mind. What in fact had happened was that in the North Country they only sold self-striking red headed matches and he was sensitive to the phosphorous sulphide. This chemical on the striking surface of the box may also be rubbed off on to the lining of the pocket, and the hand or face contaminated in this way. These examples of contact sensitivity may be multiplied so that one can become obsessed by the chase of the sensitising substance.

For example, a young woman had repeated attacks of very large blisters over the palmar aspects of the fingers, more severely affecting the right hand. The eyelids and face were also affected, the skin becoming swollen and vesicular. She was intelligent and co-operative, and after visiting her home and performing very many skin tests with plants and flowers she handled, and with paint from garden railings and handles, she was found to react very positively to patch tests with scrapings from the handle of a kitchen knife. The handle was made of Bahia rosewood polished with tallow. The makers told me that they had heard of one other instance of a person who worked with the wood being susceptible to it. This patient had become engaged and had entered the kitchen of her home for the first time to learn how to cook and had used the knife repeatedly since, corresponding in time with the development of the dermatitis.

There is little room for 'fancy' in contact reactions but it is evoked when the patient wishes to know why she has never reacted before in her twenty or fifty years of life to nail varnish or nickel suspenders. When one notices that many cases of nickel dermatitis occur in women in their late 40's, in whom the menopause has occurred, the temptation is to advance this alteration of hormone levels and disturbed vasomotor reaction as the reason for the appearance of the sensitivity. However, many women put on weight, their thighs thicken; there is more friction, more contact with the suspender. Perhaps the most imposing edifice of theory has been erected around the allergic disease, and we could comment on atopic dermatitis (or infantile eczema), and its sequel Besnier's Prurigo. Atopic dermatitis may be present at birth, and in the majority of cases skin changes of a dry or exudative dermatitis occur within the first nine months of life. The dermatitis may appear on the scalp or on the cheeks, and involves in the severe cases, the whole of the body. The skin thickens and exudes; the child is extremely uncomfortable with itching, and may become converted into a wriggling, uncontrollable, sleepless, miserable and angry medical problem. Most cases improve in the second year of life, but then other mucous membrane allergies develop—asthma, and later hay fever, spasmodic rhinorrhœa to horse dander, cat hair, dog hair, etc.

Those patients whose skin trouble persists develop lichenification of the bends of the limbs, and in the severe cases, the face, neck and the whole body are involved, with the characteristic alternation of asthma and dermatitis. In 10 per cent. of hese cases there is early cataract, the opacity beginning in the anterior part of the lens, the changes being characteristic to the ophthalmic surgeon.

The skin reaction may wax and wane without obvious cause and it is this fact which has prompted the view so well expressed by Guy & Shoemaker (*A.D.S.*, Jan. 1958, Vol. 77, p. 34). "Is it possible," they ask, "that any biochemical, physiologic or immunologic sequence of events could affect animal tissues so fitfully ? Or, rather, could anything but the vicissitudes of human existence account for the vagaries of this strange disease ? " These authors show the progress of an atopic dermatitis through the first 33 years of life with evidence of severe relapses associated with what they call 'life situations', such as promotion to higher appointment, the birth of a baby, purchase of a house, and the control of the disease by supportive measures.

The assumption that the fluctuations of an obscure disease which in most cases will tend to improve spontaneously by the age of 30 years must be due to psychological trauma, is not necessarily correct. The inherited or acquired biochemical abnormality, porphyria, may be present for very many years, with clinical manifestations shortly after birth, or acquired during adult life, relapsing over the years with cutaneous, visceral and even psychological disturbances, without known cause. Again, there is no doubt that the atopic individual has peculiar immunological reactions. The waxing and waning of sensitivities to egg in the allergic child is frequently noted. In infants, fish may be rejected, and this intolerance persists throughout life. One such patient developed a local urticarial wheal if fish was allowed to touch the skin. Other atopics developed similar localised urticarial wheals if they stroked a dog or cat, or rode a horse, in the latter instance with asthma. Nobody would dare to give such a case horse serum

by injection for fear of sudden anaphylactic shock, unless in a case of great urgency and with very adequate precautions, *i.e.*, intravenous antihistamine and hydrocortisone.

Where from earliest infancy or childhood there have been periods of prolonged invalidism with the severe discomfort of itching and disturbance of sleep there must be an alteration in both emotional development and emancipation and acquisition of maturity.

The atopic infant and child becomes jealously dependent and demanding, and learns very quickly to manipulate the parents so as to ensure its wishes and comfort. These demands are indeed very real and even reasonable, but would not necessarily be kept within reasonable limits. The reactions of the parents are also predictable—great distress at the child's discomfort, guilt feeling, resentment on the part of some parents, plain confusion in how to handle the child, and physical exhaustion due to lack of sleep. Later in the child's life, lack of schooling and opportunity to mix and play with other children will also throw the child back to its own devices, to live within its own skin, to depend on its parents, and to further exercise and deepen the emotional interplay between parents and child.

One can well agree with Guy and Shoemaker when they claim that the atopic becomes a neurotic who 'fails to carry out the problem-solving actions, but instead experiences the less efficient substitute behaviour and symbolic expression of his conflict rather than a true solution of it.' This must be so, the child or young adult is handicapped and knows it. Unless sufficiently intelligent, robust, with sensible, matter of fact, objective, and affectionate parents, he will be unable to mature. Anger at his disabilities must be expressed by increase of itching and rubbing. There is an established pattern of itching, rubbing, flushing, uneasiness, distress, agitation and the reverse process. These patients are constantly handling their skin.

There is no doubt that supportive therapy, either personal or in a group, must be of considerable assistance. The atopic learns he is not alone; others have the same problems, and many have learnt how to overcome them. The relief of anger and rage by talking, even under the influence of hypnotics, reduces the the vasomotor lability with flushing of the skin and resulting itching.

The trained psychiatrist will be able to encourage and direct the ventilation of interpersonal frictions, dissatisfactions, and frustrating life situations. This is always subject to the proviso that the patient is intelligent enough, has insight, and commands a sufficient vocabulary to communicate his thoughts. Not all atopics are necessarily limited in their adjustment to life. Some of my patients have been successful in their work and their personal and family relationships. How is one to determine in the clinic the presence of undue depression, or anger ? It is to be seen in severe linear excoriation of the lichenified skin often without acute eczematisation and exudation from the skin. This is often demonstrated in the adolescent, and a period away from home, or in hospital, may be enough to allow the skin to heal, even without active treatment. Where the patient needs it, *i.e.*, where the personality is inadequate to cope with the physical disability, then treatment by the psychiatrist is indicated.

Lastly, the group of disorders which are truly due to fancy may be discussed. The patients who present with excoriations, blisters. areas of gangrene or ulceration, *i.e.*, dermatitis artefacta, are hysterics who damage their skin to invoke sympathy and to escape from a situation which they find intolerable. The hysteric may or may not be aware of the physical act, and may not be aware of its motivation. The degree of awareness is variable. Even when admitting to the action and to a motive, the admission is not whole hearted; there appears to be a reservation in the admissions. Some patients with dermatitis artefacta after treatment remain well as far as their skin is concerned, and even later deny having attended hospital; the episode is 'forgotten'.

The more serious mutilations, leading sometimes to amputation of a limb, are serious psychiatric problems of masochism, or murderous designs with guilt relieved by self-injury.

Parasitophia associated with delusions and hallucinations gives little trouble in diagnosis. Usually in the late middle age, or old age, the patient feels an itch or discomfort in the skin which is interpreted as due to the presence of an animal alive in the skin. The fragment of horn or cutis dug out is exhibited as the animal and it is impossible to reason these patients from this view. In time it may be there will be a biochemical explanation for the formication and the disorder of interpretation.

We try to appraise as critically as possible the role of the physical and psychological factors in diseases of the skin, realising full well that soma and psyche are interdependent and continually influencing each other. It is, needless to say, our aim as physicians to keep this complex intact and that the patient may live in harmony within himself and his fellows for an ever increasing span.

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GUY, W. B. and SHOEMAKER, R. J. 1958. *Arch. Dermat. and Syph. Vol. 77*, No. 1, p. 34.

SULZBERGER, M. and BAER, R. 1951. *Year Book of Dermat.*

SOME PERSONAL OBSERVATIONS ON LONGEVITY

By A GUY'S NONAGENARIAN

My only reason for writing these few lines about longevity is that in August last year I reached 90 years of age. Nothing very remarkable about this but on making a few enquiries I believe I am one of two nonagenarian Guy's men alive at present.

In 1893 when I entered Guy's I was 26 and probably the oldest student there. I am rather puzzled as to why I should be living whilst so many good fellows have passed on. Perhaps my mode of living may have something to do with it, so I am putting down some of my personal maxims for living well knowing that, "One swallow does not make a Summer", but I also know that "Straws show which way the wind blows."

My first maxim which is quite unorthodox but I think the most important is : Never sleep with your windows open at night. This was forced on me at the beginning of the century when the craze of the open window and fresh air was the remedy for most ailments, respiratory especially and T.B. in particular.

Of course I fell for it but found that I was in a constant state of having a cold and bronchial catarrh and that unless I did something about it, I should have to get back to my native Australia. I did something about it; I closed my bedroom windows and thereafter my colds were one or two a year, as average. This went on until I retired at 69 and left a centrally heated house for one which, I was told, needed a lot of airing. I suppose I got a bit careless about the closed windows so I found the airing all right, pain in the chest, temperature 104 degrees and respirations 40. I knew the King of Death, pneumonia, had got me and resigned myself to my certain fate but a young medical friend came along, plugged me with some tablets and in two days I was clear of all symptoms. Since then my bedroom windows have never been open at night.

To my mind it is the cold that causes the trouble, not the air: bronchitis likes it cold; if you must change it, open the door, not the windows, and never sit in a draught.

Another complex of mine is Vitamin C. Twenty years before Vitamins were talked about, I was required by Act of Parliament to take a quota of lime juice daily whilst on a sailing ship. What struck me was that in seven years drifting around in sailing ships, I never saw anyone ill except with V.D. I am certain that in England for nine months of the year people do not get enough Vitamin C. Two or three oranges a week solves my problem.

I have led an ordinary life, not sheltered, never refused a drink and I hope never failed to offer one. Tobacco; I was chewing plug tobacco at 16 and smoked hard until I was 70, I gave it up then because it became a nuisance and expensive. I have taken a lot of Aspirin, I believe in it early and plenty at the first sign of any dysfunction.

Twenty-seven years back, I was troubled by a filiform sessile wart on the most prominent part of my face. It was very quick-growing and all attempts at cauterization were very painful, and only seemed to make it grow faster. I was getting very perturbed about it when fortunately I remembered something in Freddy Taylor's *Medicine* about the French treating warts with magnesia. I contacted some foreign chemists who supplied me with some tablets of their magnesia compounds and to my surprise and delight it disappeared, but it came back when I left off the preparation. It did this a second time: after that I did not tempt Providence but have been taking a maintenance dose ever since. Whether this has anything to do with my age is difficult to say but it could be so.

H. M. BERNCASTLE.

GUY'S MEN IN BANGKOK

In September last, while on my way to Australia, I was invited to spend a week at Bangkok by an old Guy's man, Smarn Muntarbhorn, F.R.C.S., who was at Guy's from 1935-40 and will be remembered by many. I was surprised to find that far from his being the only Guy's man in Bangkok there were 9 in all, and that there is a great Guy's tradition there. I thought that others should know about this and hence this short note.

The tradition of a training at Guy's originated in Prince Tavorn who was a student in 1907 and is now deceased.

The two chief hospitals in Bangkok are the Siraraj and the Chulalongkorn and both have Guy's men on the staff.

On 5th September I was privileged to attend a dinner arranged by the Guy's group and the following were present and were my hosts:

Smarn Muntarbhorn (1935-40) Surgeon at Chulalongkorn.
Dhavi Tumrasvin (1933-39) Physician at Chulalongkorn.
Nai Kamchorn (1912-18) is now retired; used to be Physician at Siraraj and has a great reputation as a teacher. Was dresser to Sir William Arbuthnot Lane.
Colonel Salya Sobiya (1929-34) Surgeon at the Military Hospital, Bangkok.
Kasarn Chartikavanij, F.R.C.S. (1931-37) Surgeon to Siraraj.
Tecklim Koonvisal (1934-42) Surgeon to Siraraj.
Prem Buri, F.R.C.S. (1940-42; 1946-52) Surgeon to Siraraj.

Prem Buri joined the Siamese forces in 1942 and was parachuted into North Thailand; he was taken prisoner and remained in captivity for three months. Happily he was able to return to Guy's in 1946 to obtain his M.B., B.S., and F.R.C.S.

Only one Guy's man was unable to attend the dinner; Sagad Kanchana Koonchorn who was at Guy's in 1930.

The company was completed by Major-General P. Sai, lately D.G.M.S., who was at St. Thomas's from 1914-1918 and had many interesting stories of his days in London.

All these men are well and active and I expect that their contemporaries who remember them will be glad to have this short news of them. My pleasure at finding this keen group of old Guy's men in an Eastern city was only equalled by my gratitude to them for their kindness, cordiality and hospitality. To Smarn Muntarbhorn I owe special thanks for being my host during my stay in Bangkok and for arranging the delightful occasion of the dinner of Guy's men.

R.C.B.

Fifty Years Ago

From Guy' Hospital Gazette, 4th April, 1908.

(Newly entitled: " Sleepers, wake ! ")

We're about to have a Surgery remodelled and transplanted
(Sound the psaltery and sackbut to salute the gallant tale),
Where the dresser's lightest wish is instantaneously granted,
And the patients can be seen on an accelerated scale.

We're about to house the externs in the mansion over yonder,
Where they won't share eight-foot bedrooms with the pulex and the midge,
And the gaiety or quarrel of the primitive Maze-Ponder
Won't disturb them as they're plundering the Charity at Bridge.

They will fill at morn and even their digestive apparatus
With a glad appreciation undismayed by thought of fee—
For enveloped in the halo of a residential status
They will board and lodge for nothing—in the spacious days to be.

We're about to have a hospital of unexampled glory
(Sound the timbrel, if you've got one, strike again the ancient drums).
But so long we've heard the story that by now it's old and hoary,
And we've gone to sleep with waiting-Will you wake us when it comes ?

CORRESPONDENCE

Letters to the Editor of the Gazette

Change of Title of Out-patient Officer to Casualty Officer

From the Superintendent

SIR,—The Medical Committee has decided that the present title of "Out-patient Officer" should be changed to that of "Casualty Officer" as from 1st June, 1958, in order to conform with current practice elsewhere and to avoid confusion in the minds of outside practitioners and others who are unfamiliar with the Guy's arrangements. The duties and grading of the post of Out-patient Officer will be unaltered.

Yours etc.,

W. D. DOHERTY,

Superintendent.

Guy's Hospital, S.E.1.

Sims— All-Black

SIR,—With reference to your mention of Mr. Blaikley's visit to "Australia", I must congratulate you on your apology (*Gazette*, 18th January), for promoting The Royal College of Obstetricians & Gynæcologists to a Royal Australian College. Your apology disappoints me. Surely you should have called it The Royal College of Australasia and thereby promoted that dreadful anachronism that denotes to the uninitiated some mystic union between New Zealand and Australia.

You might be interested to know that Sir Arthur Sims, the founder of both the Sims and the Sims-Black Travelling Professorships, was a New Zealander, and if it were not for his generosity the Travelling Professors would not be travelling at all, even to Australia.

But enough of sarcasm, we in New Zealand have recently had the great pleasure of entertaining Mr. and Mrs. Blaikley during their two months tour of our country. It is a great feather in the Hospital's cap that the first two Sims-Black Travelling Professors to complete a full tour of New Zealand and Australia were Guy's men, first Mr. Gibberd and then Mr. Blaikley. Both men made a wonderful impression by presenting a series of excellent lectures and by entering into the discussions on almost every subject at our conferences. Their clarity of thought and speech was a credit to our Hospital. They and their wives entered into the social functions with a friendly informality that made them a delight to entertain. We look forward to welcoming the next Guy's gynæcologist who will visit us as Sims-Black Travelling Professor of The Royal College of Obstetricians and Gynæcologists.

Yours etc.,

J. E. GIESEN.

Wellington, New Zealand.

New Guy's House

SIR,—A propos Mr. Dobson's letter in your last issue, may I suggest that one ward in the New Guy's House be named after the late Dr. Edgar Tomlin ? I feel sure there are many past and present Guy's personnel who will wholeheartedly support this.

Yours etc.,

S. MARGARET COLE.

Pen y Garth,
Manson, Monmouth.

Charles Turner Thackrah

SIR,—I should like to draw your attention to an unusual honour that has been bestowed upon an old Guy's man. Charles Turner Thackrah, who qualified from Guy's in 1816, is accepted as the 'father' of industrial medicine in England. In 1956, on the occasion of the 21st Anniversary Meeting of the Association of Industrial Medical Officers, a Presidential Jewel, bearing a portrait of Thackrah, was presented to the President of the Association. Furthermore since July, 1957, his portrait has appeared on the cover of each number of the Transactions of the Association. To be so remembered over 120 years after death is indeed an honour.

Thackrah practised in Leeds and was a founder-member of Leeds Medical School. He is chiefly remembered now as the author of "The Effects of Arts, Trades and Professions on Health and Longevity", first published in 1831 and republished in an enlarged edition in 1832. This book has recently been republished with an introductory essay on his life, work and times by A. Meiklejohn. A short account of Thackrah and of his famous book was contributed to the *Gazette* (1945, vol. 59, p. 301) by Professor Payling Wright.

Yours etc.,

7, Brunswick Road,
Ealing, W.5.

M. D. WARREN.

REVIEWS

Cerebral Palsy in Childhood. By GRACE E. WOODS, M.D., D.P.H., D.C.H., Deputy Medical Superintendent of Hortham Hospital, Bristol. John Wright and Sons Ltd., Bristol. 1957, Pp. 158. *Price* 27*s.* 6*d.*

Dr. Woods defines "Infantile Cerebral Palsy" as ". . . an upset of the normal pattern of movement . . ." due to an inherited defect, or an ". . . antenatal, natal or postnatal damage or disease of the brain . . .". So that patients with a well-known syndrome of mental deficiency (*e.g.*, phenylpyruvic oligophrenia) or with progressive neurological disorders are included provided they show the essential upset of movement pattern. This book represents the results of a clinical survey in Bristol, conducted under the ægis of the Department of Child Health of the University and the School Health Service. Of the 301 cases that are studied 216 were resident in Bristol. These probably represent, according to the author, the totality of cases within the Administrative County of Bristol, and 1.9 per 1,000 live births in Bristol is the "number of cerebral palsied children who reach the age of 5 years . . ."

In the first part of the book the cases are grouped into seven clinical entities according to the ". . . upset of movement pattern" : paraplegia, monoplegia, hemiplegia, quadriplegia, athetosis, ataxia, rigidity.

A retrospective assessment, from the history and the available clinical records, of the possible causative factors (family, obstetric, neonatal and postnatal histories; sex, parity, maturity, birth weight, etc.) reveals the clinical group to be ætiologically heterogeneous. At times the putting of the findings into their right perspective is difficult for lack of a suitable control population. There are a few definitely familial disorders, a few cases with known congenital defects, and a number of cases of obvious postnatal origin (particularly in the hemiplegia group). Among the rest ". . . the significance of an abnormal birth history is very marked . . ."

The last third of the book deals with the various associated handicaps observed in children with "infantile cerebral palsy". Visual, auditory, speech and sensory defects, including some equated to the parietal lobe syndromes of adults, epileptiform disturbances and "mental backwardness" are briefly discussed. The latter are grouped under the heading of "assessment of educability" and considered under the three variably associated components of general intellectual loss, behaviour disorders and more particular, learning difficulties.

While generally Dr. Woods' findings are in keeping with those of other workers in this field, she frequently makes new and keen observations and raises points that will give the experienced reader food for thought. This is a book that will be of value to the critical reader with interest in and knowledge of this group of neurological conditions in children. Therapists, teachers and psychologists, as well as physicians who deal with "cerebral palsied" children will find much in it that is stimulating.

P.E.P.

You and Your Child. By WINIFRED DE KOK. Pan Books. *Price 2s. 6d.*

This is a sensible and well-written book which is intended for the mother (and father) who may feel slightly at a loss in dealing with their child at any age. It starts well by making it clear how important it is that good ante-natal care be ensured, and deals with the infant, the toddler and the adolescent honestly and unpretentiously. Infectious diseases are briefly dealt with, and a chapter on feeding children gives general information on the food-values of common food-stuffs, without attempting to deal with infants—breast-feeding is categorically recommended. This is a book full of common sense which may save parents many needless worries.

J.A.W.

The Russians, having banned the Test
No longer throw their eggs away.
Eggs keep better in the nest
If you want them for a rainy day.

C.

SPORT

RUGBY FOOTBALL

Guy's v. Gloucester

At H.O.P. 15th March, 1958

Result—Won 14-3

Guy's victory over Gloucester by a goal, a dropped goal and two tries to a try was positively brilliant. The whole team knitted together as a complete whole and thoroughly deserved all the score that came their way.

Guy's were without the services of A. P. Buirski, W. M. Patterson, M. A. H. Russell and J. D. R. Nicholas. Their deputies performed most creditably and a special word of thanks must be handed to H. C. Meredith, a former Guy's and London Welsh forward, for helping the Hospital in this vital match. Gloucester made three changes from the advertised team, and of course were without G. Hastings who was on International duty.

The game opened sensationally. The first scrum right on the half-way mark brought a penalty to Guy's but Pagliero's kick was well out. A Gloucester player fielded the ball but his clearance kick was charged down and Smith (Guy's) was over in a flash for an unconverted try. Showing lively form Guy's made it difficult for Gloucester to settle down and several attempts by Phelps (Gloucester) to break through the middle were competently held.

Following a Gloucester movement inside Guy's 25 that looked dangerous, Lindsey made an interception and only a timely tackle by Smith (Gloucester) retrieved the situation. Guy's worked the touch-line and drove Gloucester back but the Hospital were again called upon to defend their line. A Gloucester movement was disorganised near Guy's 25 but Sales snapped up the ball and burst upfield making a lot of ground before passing to Leyshon who showed Gloucester a clean pair of heels for a try which Pagliero converted. Guy's then kept up the pressure and might have gained another try had not Smith (Gloucester) come across like an express train to bowl Hawley into touch. A moment later Hackett landed a beautiful dropped goal, and Guy's led at half-time by 11 points-to nil.

Guy's had a fresh wind in their favour in the first half and it now became Gloucester's turn to have this aid. Gloucester immediately made tracks to Guy's 25 but the lively Hospital side quickly drove them back. Phelps and Holder made valiant attempts to break through but were held by the Hospital's fine covering and tackling. Guy's went further ahead when a slick movement by the three-quarters saw Hawley feature in a fine break which ended in Smith (Guy's) diving over for an unconverted try with a Gloucester player hanging on to him. Gloucester came close to scoring when Holder hit an upright with a drop at goal.

Gloucester made valiant efforts to reduce the score against them but lack of finishing power and a grand Guy's defence continued to keep them out. Shortly before time Gloucester obtained a try similar to Guy's first try. Gloucester pressed near Guy's line but an attempted clearance kick was charged down and quick work by Hancock brought h m an unconverted try.

Guy's were hit by injuries during the match and Buirski must have had many anxious moments in view of the approaching cup final. Although admiring Hawley's courage and tenacity one wonders whether it was wise for him to continue after receiving what appeared to be three serious injuries.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. Eustace; J. S. Van den Bergh, K. Robertson, D. J. Richards, P. Harris, B. Blackwell, J. B. Sales, S. A. R. Cooke, H. C. Meredith.

THE SQUASH RACKETS CLUB

This season has been a reasonably successful one for the Squash Club, which has achieved about all that could be expected. The team was weakened by the loss of M. A. C. Lyon and P. C. Shaw during the course of the season, and also by the calls of house appointments and examinations on the time of the members of the team. It has seldom been possible to put out the full team. S. J. S. Lam has again proved a tower of strength; although not playing in tournaments or county matches, he has turned out regularly for the Hospital and won nearly all his games. A. F. Gazdar is probably the most improved member of the team and he has had many good wins. It is hoped that he will do even better in the future.

In the competitions the Senior Inter-Hospitals was regained from St. Mary's and the Junior Cup retained. The final of the London University Trophy has not yet been played, but it is hoped that this too may be kept at Guy's. In the Cumberland Cup Competition, Guy's finished 5th out of the six clubs in the 1st

Division. However, the challenge match was won and so the team will remain in the 1st Division for at least one more year.

In the Senior Hospitals' Cup, the team won with unexpected ease and in fact every match was won 5-0. In the final, St. Mary's were unlucky to have lost J. B. Evans, who had injured his neck in the semi-final of the Rugger Cup. However, in view of the convincing nature of the result it seems unlikely that his presence would have altered the outcome.

Guy's v. St. Mary's

S. J. S. Lam beat G. R. Winter, 9-3, 9-4, 9-0.
A. H. Gazdar beat B. U. Pippet, 7-9, 9-5, 10-9, 9-3.
G. M. Davies beat H. Stevenson, 9-7 9-4, 9-0.
W. D. Callum beat G. N. Dickson, 9-3, 9-3, 9-1.
K. I. MacKenzie beat K. Duncan, 9-0, 6-9, 4-9, 9-5, 9-3.

The 2nd team Cup was retained with the loss of only two games in the four matches played. In the final, played against St. Bartholomew's, Guy's won 4-1.

Team: W. Whitrow, B. A. O. Binns, M. W. Blake, P. Sievers, T. Tetlow.

In the Cumberland Cup Competition, the club had to face strong opposition throughout the season, often with a depleted team. Consequently, Guy's did not prosper and when a challenge was received from Coalhurst S.R.C. at the end of the season, the match was approached with considerable misgivings. It was heartening to see Lam win with his usual polished ease, and when Gazdar disposed of his opponent in a workmanlike manner the match seemed almost as good as won. But when Davies and Callum were on the courts at the same time there was much alarm and despondency amongst the supporters before both scraped home in the fifth game.

Guy's v. Coalhurst S.R.C.

S. J. S. Lam beat G. L. Walker, 9-7, 9-1, 9-5.
A. F. Gazdar beat J. L. Fison, 9-5, 10-9, 9-3.
G. M. Davies beat R. Shaw, 5-9, 5-9, 9-7 9-5, 9-7.
W. D. Callum beat D. H. Raeburn, 10-8, 9-0, 2-9, 6-9, 10-9.
B. A. O. Binns lost to P. M. Johns, 9-4, 2-9, 5-9, 5-9.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

HOUSE APPOINTMENTS

1st June 1958

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1958.

Assistant House Surgeons (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) .. 5
House Surgeons (1 *Pre-Registration*) / (1 *Pre- or Post-Registration*) 2
House Physicians (1 *Pre-Registration*) / (1 *Pre- or Post-Registration*) 2
Resident Obstetrician 1
(1 *Pre- or Post Registration to commence on* 1.7.58).
House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2
Throat and Ear and Ophthalmic House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).
Dermatological House Physician 1
(*Post Registration*) (*Commencing on* 25.7.58)
Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(For 2nd six months candidates only).
House Surgeon to the Thoracic Unit 1
(*Pre- or Post-Registration*)
Children's House Physician 1
(*Pre-Registration*)
(For 2nd six months candidates only)
House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1
Resident Anaesthetists 2
(1 *Post-Registration*)
(1 *Post-Registration*) S.H.O. at New Cross Hospital.
R.M.Os. Nuffield House 2
(1 commencing 1.6.58)
(1 commencing 1.7.58)
Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

SEAMEN'S HOSPITAL, GREENWICH
House Physician (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 1
House Surgeons (*Pre-Registration*) .. 2

NEW CROSS HOSPITAL
House Surgeon (General Duties) (*Pre-Registration*) 1

ST. JOHN'S HOSPITAL, LEWISHAM
House Physician (*Pre-Registration*) .. 1
Casualty Officer (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL, BERMONDSEY
House Surgeons (*Pre-Registration*) .. 3

ORPINGTON HOSPITAL
House Surgeons E.N.T. and Orthopaedic (*Pre-Registration*) 1
Gynaecology and Ophthalmology (*Pre-Registration*) 1
General Surgical (*Pre-Registration*) .. 1

PEMBURY HOSPITAL
House Surgeons (General Duties) (*Pre-Registration*) 2
Orthopaedic (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeons (*Pre-Registration*) .. 2

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Thursday, 1st May, 1958.** Candidates who apply for appointments at Guy's as Assistant

House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1958 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Clinical Dental Surgery
Part-time Registrar to attend on 2 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

Staff Dental Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 2nd May, 1958.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **Part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1958.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Friday, 2nd May, 1958.**

APPOINTMENTS

UNIVERSITY OF LONDON

Reader

The title of Reader in Dental Medicine in the University has been conferred on Mr. Brian Ernest Dudley Cooke, in respect of the post held by him at Guy's Hospital Medical School, from 1st April, 1958.

GUY'S HOSPITAL

The following Assistant Dental House Surgeon appointments have been made by the House Committee, for the period April 1st to June 30th, 1958:

General Duties: Mr. A. J. Chapman, Mr. P. Banks, Mr. I. W. Scantlebury, Mr. M. S. Hinton.
Children's Dept.: Mr. A. Blackler, Mr. T. G. B. Wilson.
Preventive Dentistry Dept.: Mr. S. I. Humphreys.

HASTINGS GROUP HOSPITALS

Consultant Pathologist

Dr. A. R. H. Worssam.

BIRKENHEAD, WIRRAL AND CHESTER HOSPITALS

Consultant Child Psychiatrist

Dr. D. M. Zausmer

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Hilary Term, 1958

Pharmacology and Principles of Therapeutics

S. R. Meadow.

General Pathology and Bacteriology

M. C. O. Bax.

Forensic Medicine and Public Health

R. B. Huddy. Gillian M. Shaw

Special and Clinical Pathology

J. Dodd
R. B. Huddy
S. Nurick
Gillian M. Shaw
H. D. Weintraub

NURSING NEWS

The following changes have taken place amongst the Nursing Staff:—

Left:

Sister B. Salmon (*New Cross*).
Sister P. Tee (*Grove Park*).
S/M M. Afodu.
S/N R. Ringer.
S/N S. Blackden (*Evelina*).

Entered:

Sister B. Stevenson to *Victoria*
Sister M. Colthorpe to *Caleb-Diplock—Night.*
Sister P. J. Suggens to *Evelina.*
Sister B. A. White, *Administrative Sister Matron's Office.*
S/M A. Carter to *Victoria.*
S/M M. Ashton to *Victoria.*
S/M G. Lee, *Domiciliary.*
S/N A. V. Moss to *York Clinic.*

Final State Examination, February, 1958

The following nurses entered and passed the examination :—

Aitken, A. M.	Marshall, J. A.
Anscombe, K. M.	Mundy, F. F.
Atkinson, E. P.	Nelson, B. M.
Balmer, S.	Osman, C. M.
Bolshaw, R. A.	Owen, K. R.
Brett, J. C.	Parrott, P. M.
Burton-Cantley, B. A.	Pepper, J. F.
Cumming, J. E.	Pritchard, A. M.
Duke, E. P.	Read, P. B.
Flood, M. T.	Rees, J. A.
Germany, J. M.	Richardson, J. E.
Gooding, P. J.	Taylor, K. M.
Gunn, J. M.	Webster, C. M.
Hayward, J.	Westaby, C. M.
Highman, K. J.	Wicks, A. M.
Hunt, P. M.	Williams, P. M.
Jones, M. E.	Wilson, S.
King, A. D.	Wolstenholme, E. M.
Le Mare, A. R.	Wood, G. R.
Lovell, M. R.	Cambell, J. M.
McKeever, Y. M.	Walker, E. A.
Marsden, J. M.	West, J. W.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

LOVELY WILTSHIRE. 15th Century Inn "Crosskeys", nr. Salisbury, Fovant, Good food, accommodation. Well stocked bar. 110 minutes Waterloo.

For Sale

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Baylis, J. H. and others. Pulmonary Function in Sarcoidosis. *Thorax*, 1958, **13**, 49.

Burn, J. H. and another. Effect of Reserpine on Vasoconstriction caused by Sympathomimetic Amines. *Lancet*, 1958, i, 673.

Campbell, A. M. G. The Aetiology of Polyneuritis. *Proc. R. Soc. Med.* 1958, **51**, 157.

Cann, R. J. Laryngology—A Retrospect, a Review and a Revaluation. (Presidential Address). *Proc. R. Soc. Med.* 1958, **51**, 205.

Clarke, C. A. Medical Genetics. British Encyclopaedia of Medical Practice. *Medical Progress*, 1957, pp. 118-133.

Darke, Christopher S. and another. Chronic Beryllium Poisoning. *Thorax*, 1958, **13**, 69.

Harley, H. R. S. The Sinus Venosus Type of Interatrial Septal Defect. *Thorax*, 1958, **13**, 12.

McKeown, Thomas and others. Institutional Care of the Mentally Ill. *Lancet*, 1958, i, 682.

Warren, M. D. The Work of an Occupational Health Service for Local Government Employees. *Med. Offr.*, 1958, **99**, 145.

CHANGES OF ADDRESS

L. Becker, L.D.S.R C.S., 19, Edgeworth Crescent, Hendon, N.W.4, and 9 Havergal Villas, Wood Green, London, N.15, and 42A, Stamford Hill, N.16. (Tels. Hendon 7180, Bow 2145 and Sta 5394).

Anthony Biddle, M.B., B.S., 160, St. John's Road, Ipswich. (Tel. Ipswich 77600).

C. D. Chilvers, M.B., B.S., 56, Campbell Street, Wairoa, New Zealand. Surgery: Lucknow Street, Wairoa. (Tels. 761 and 669).

J. W. Goodfellow, F.R.C.S., 92, Staunton Road, Headington, Oxford.

Declan O'Keefe, M.B., F.R.C.S., D.T.M.&H., Express House, Kilindini Road, P.O. Box 681, Mombasa, Kenya. (Tel. 5525).

D. A. Rees, B.D.S., L.D.S., 82, Tettenhall Road, Wolverhampton, Staffs.

A. R. H. Worssam, M.R.C.P., The Royal East Sussex Hospital, Cambridge Road, Hastings and 3, West Ascent, St. Leonards-on-Sea, Sussex. (Tels. Hastings 4513 and 4847).

BIRTHS

BAYLIS.—On 31st March, 1958, at King's College Hospital, S.E.5, to Anne (née Burgess, S.R.N.), wife of John H. Baylis, M.R.C.P., a son (John David Horton), a brother for Catharine.

BRENNAN.—On 9th March, 1958, at the David Bruce Military Hospital, Imtafa, Malta, to Jo (née Watson), wife of Derek Brennan, L.M.S.S.A., a daughter, a sister for Terry Ashe.

CHILVERS.—On 1st March, 1958, at Wairoa, New Zealand, to Sheila, wife of Colin Chilvers, M.B., B.S., a son (Paul), a brother for Guy.

GOODFELLOW.—On 14th January, 1958, to Anne (née Parsloe, S.R.N.), wife of John Goodfellow, F.R.C.S., a son (Timothy John).

JOHNS.—On 11th March, 1958, to Margaret (née Cook), wife of Stephen Johns, F.D.S., a daughter, a sister for Sandra and Nigel.

REES.—On 21st March, 1958, at the Women's Hospital, Wolverhampton, to Joan (née Yolland, S.R.N.), wife of David A. Rees, B.D.S., L.D.S., a son (Julian Mark).

MARRIAGES

PARRY—COOPER.—On 1st March, 1958, at St. Mary's Church, Liss, Hampshire, David Parry, M.B., B.S., to Jean Cooper, S.R.N.

ROBERTSON—HILL.—On 5th April at Lee-on-Solent, Hants., David Robertson, M.B., B.S., to Anne Hill, S.R.N.

DEATH

CAMERON.—On 1st April, 1958, Hector Charles Cameron, M.D., F.R.C.P., Consultant Physician Emeritus, Children's Department, Guy's Hospital, Enton Rough, Godalming, Surrey. (Aged 79 years).

EDS. {J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1820 *26th April* 1958 *One Shilling*

PASSIM

EACH Spring the *Gazette* appears, one Friday afternoon, with the words "Publishers' Number" emblazoned on the front cover. The casual caller in the library may notice that the copy he picks up is a little thicker than usual. The extra weight reflects the appearance both of more reviews and of the publishers' announcements of Spring Books. The medical book, first cousin to the medical journal and second cousin to a hospital organ such as the *Gazette*, looms large on the horizon of any student, whether undergraduate or no; and in any field, the choice of one volume to acquire from many covering similar ground, is an anxious one. The publishers, therefore, spend large sums on advertising their wares, as business sense demands. But it is a mark of their integrity as much as of respect for public opinion that they also send advance copies of their products to the Editors of medical and hospital journals, so that impartial and unimpassioned critiques may be offered to the readers, their potential customers. The *Gazette* publishes reviews every fortnight, and is therefore more fortunate than termly or quarterly journals in its ability to keep abreast of the considerable influx of review copies. This frequency also allows a reasonably full evaluation of a book, as opposed to the disguised précis of the "blurb" on the dust-jacket, or even of the list of contents, which cheats the publisher and insults the reader.

Unlike national newspapers, the hospital journals have no staff reviewers—the specialized nature of the volumes alone would make this impossible. Important books must be reviewed, if the reader is to be fairly treated, by experts in the fields covered. The drawback is that experts in hospitals, and above all in teaching hospitals, are extremely hard-worked, and to review a book of, say, 300 pages is not the work of an evening. For this reason the publication of a book often antedates its review by some weeks. The additional factors of impermanence of hospital staff and of very human forgetfulness, add to the difficulties of maintaining an efficient book-reviewing service. If any memories are jogged by these words, *tant mieux*. We feel that this regular reviewing of books, dry and dusty, or varying in rapidity though it may be, is an important and valuable part of the functions of such a journal as the *Gazette*.

Once acquired, a book is an adjunct to civilized living without compare. Not only the content need endear it to its owner: a monumental or a willowy volume, a vivid or a frowning tome, like any other thing of beauty, "is a joy forever." The collector of books

need not forget his joy in the sight of ranks of ramrod spines merely because leather has bowed gracefully to cloth and paper. Only the quasi-blasé now use the jeer "book-worm", for books have their place in all our human affections and activities. Relaxation, reminiscence, crisp information, humour; all are ours for the taking. Medicine quite apart, Guy's must loom large in the reflections of those who have worked in the warmth of this community. Personal affection demands details of the familiar friend—history, associations, practical aspects, even defects. The late Dr. Hector Cameron, in *Mr. Guy's Hospital*, endeared the Hospital even more to its alumni, if that were possible, and the 1948 History of Guy's has a friendly tone in its devotion to detail which again renders it a possession to reminisce with. Miss MacManus brought a warm heart as well as a vivid memory to *Matron of Guy's*. Now an enchanting volume is to be published in which the turbulent affairs of England earlier in this century are linked with Guy's in unique manner. Lady Norwich, widow of the former Sir Duff Cooper, has written her memoirs*, and writes vividly of her family and friends, and of "the love of her life", which burgeoned while England was at war, and while she nursed at Guy's. To a member of the younger generation, this book has an appeal all its own, tying the society and the arts of the Edwardian and the war years, with a compassionate picture of Guy's as it was then.

A memorial service for the late Dr. H. C. Cameron, M.D., F.R.C.P., Consulting Physician Emeritus for Diseases of Children, will be held in the Hospital Chapel on Friday, 2nd May, 1958, at 1.45 p.m.

Dr. E. P. Cronkite, Head of the Division of Experimental Pathology, Medical Department, Brookhaven National Laboratory, Long Island, is to lecture at Guy's in August on 'Some Effects of Ionizing Radiation on Human Beings'. Dr. Cronkite, in addition to being a very well known haematologist, has on occasion been in charge of the biological side of the nuclear tests in the U.S. Pacific testing grounds. He is also the editor of the monograph: 'Some Effects of Ionizing Radiation on Human Beings', which has described in great detail the accidental contamination of Marshallese islanders and U.S. Service personnel, who were affected by fall-out after the detonation of a nuclear device in 1954. We look forward to his visit with great interest.

We hope soon to publish an authoritative account of the progress to date of New Guy's House. Meanwhile, we include in this issue a general view of the site taken by Mr. Peter Whitehead, a senior medical student, some weeks ago.

We congratulate Dr. John Gazet, Resident Surgical Officer at the Bolingbroke Hospital, on the award of a 100 guinea prize by the South-West Metropolitan Regional Hospital Board, for some recent research work.

**The Rainbow Comes and Goes. By Diana Cooper. To be published on 9th May, by Rupert Hart-Davis at 25s. A review will be published subsequently.*

We congratulate warmly the winners of the Clinical prizes which are now "in season", and also those who have entered for them with little expectation of winning. While they are a useful yardstick by which to set oneself a measure of work to do, the value of competing extends beyond increased proficiency in answering exam questions—the ultimate benefit is to the patient.

The Art Exhibition last year was so good that the notice inserted in this issue by the Art Society is doubly important, as the holding of such an exhibition annually in a hospital where busy amateurs are the exhibitors, may fail if the supply is inadequate. We urge our artists to delight us again with a representative and extensive show of their work, and not to "hide their light". We look forward also to the accompanying exhibition of photographs, which will, if up to last year's remarkably high standard, be well worth repeated visits.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Osteomyelitis.*
28th	M	1.00	Dr. Charles Baker. Clinical Lecture.
29th	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Intersex.*
30th	W	4.45	Guy's Science Club. Dr. S. J. Wyard. *Detection of free radicals by the E.S.R. Spectroscope: a new technique for medical and biological research.*
MAY			Exhibition. Department of Surgery. *The Testicle.*
1st	Th	1.00	Mr R. S. Lawrie. Clinical Lecture. *Neurofibromatosis.* Mr. L. Willmore. Dental Clinical Lecture. *Disorders of Voice and Speech. Illustrated by recordings.*
2nd	F	1.00	Dr. D. Hunter. (London Hospital). Clinical Lecture. *Diseases of Occupation III.*
5th	M	1.00	Dr. D. M. Carnegie. Clinical Lecture. *The Treatment of Drug Overdose.*
6th	T	1.00	Mr. P. H. Schurr. Clinical Lecture. *The Surgery of Mental Illness.*
9th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
10th	S	10.00	Sir Clement Price Thomas. Departmental Round.
12th	M	1.00	Dr. J. J. Fleminger. Clinical Lecture.

Sixty Years Ago

From Guy's Hospital Gazette, 23rd April, 1898.

—In passing let me make some remarks on the fallacy of detecting the size of the heart by percussion; in my opinion, one of the least valuable signs of cardiac disease is the precordial dulness. You have most of you heard of what is supposed to be a very delicate method of percussion called auscultatory percussion. When you go out into practice you will find that the Schott treatment of heart disease—baths and a system of exercise against resistence, and the results of which are ascertained from day to day by this auscultatory percussion—is exciting a good deal of attention. You listen with a stethoscope while taps are made in various directions, and it generally happens that the first time the patient is examined, the heart is found to extend round into the axilla; the next day it is an inch less, and so on till at the end of the course of treatment, the heart has resumed its natural shape.

OBITUARIES

HECTOR CHARLES CAMERON, M.A., M.D.(Cantab.), M.A.(Glasg.), F.R.C.P.

Dr. Hector Cameron died on 1st April, 1958, aged 79 years. He was educated at Clifton College, and obtained a Glasgow Arts Degree before going to St. John's College, Cambridge, where he obtained first class honours in the Natural Sciences tripos, and won a scholarship to Guy's Hospital. He qualified in 1905, and held a variety of appointments before being appointed to the staff in 1911. For a period in 1906 he was Editor of the *Gazette*, and it was as paediatrician and author that he spent his many remaining years at Guy's. He retired in 1945.

H. St. H. V. writes :

To pass down the Colonnade at Guy's for the first time and to cross the Park seemed to the university man in the early years of the present century only a familiar experience repeated; and when the Medical School had been gained, there awaited a welcome from a particularly charming don, the Dean himself. This prepossessing person was Dr. Hector Charles Cameron, a physician of Guy's and one of the men who upheld its fame, a pioneer in the art of medicine and a man of unsurpassed urbanity. Though Cameron was well versed in scientific knowledge, he was more akin to a creative artist in mind. By his power of perception he was able to apprehend the true and the beautiful, or, in a word, the good; by means of his imagination he related what he had perceived to human life; and the synthesis accomplished, he gave expression to the idea through the art of medicine. Out of such a philosophy, essentially Platonic, certain consequences must ensue. The patient had to be seen as a whole, for health of mind and health of body are equally desirable and interdependent. From that notion a practical psychology was formulated, which, less far-reaching than the modern variety, was a great deal more agreeable and wonderfully serviceable. The bulk of this original doctrine he embodied in a book, *The Nervous Child*, which made his name known far and wide. His ideas gradually shaped his career. Having made a start as a general physician, as was the way, he found himself drawn towards mother and child, partly because they satisfy so well the æsthetic faculty, partly because they are plastic material, which holds out to the artist the promise of success. Then, since an ideal conclusion is the business of our art as he conceived it, illness must be prevented as well as cured. Finally, it would wrong him not to say plainly that a Platonic philosophy is an aspiration towards love: Cameron was a true lover of his kind.

As a teacher he won great admiration. He was always lucid; he never failed to interest; he had wit, wide reading and knowledge of the world, an easy eloquence and a polished style. He charmed with his appearance and delightful courtesy; and with his artist's imagination he held his hearers. The good that came from these ideal qualities was enhanced by two others not always their companions, industry, to wit, and practical ability. It seems the natural thing today to gather the children into an out-patient department or house them in their own ward under the care of one who understands them, but Cameron had to accomplish these advances and was one of the first to do so. Then with a fine stroke he founded a welfare centre in the precincts of the hospital. Now only those who can set the child of forty years ago or more beside the handsome, happy creature of today can know what a revolution Cameron wrought, with others at his side.

After his retirement he continued to exercise his pure and limpid prose. *Joseph Lister the Friend of Man*, *Sir Joseph Banks the Autocrat of the Philosophers*, and his domestic history, *Mr. Guy's Hospital*, are all valuable works. He reached a hale old age, showing no alteration for years; and now that he is gone, it may seem commonplace to observe that he cannot be replaced. Yet it is true, for the broad civilisation in which he was reared is being ousted by something very different. *Damnosa quid non imminuit dies?* But where he is concerned, who shall repine? He leaves the record of a fine vocation nobly fulfilled, great good accomplished, a blameless life and unswerving friendship.

GERALD ROBINSON, F.R.C.S.

Mr. G. L. Preston, F.R.C.S., writes :

He qualified in 1904, and after a distinguished career at Guy's Hospital, during which time he was awarded the gold medal in surgery and held various hospital appointments, including that of house surgeon and clinical assistant to the Evelina Hospital, he obtained his Fellowship of the Royal College of Surgeons in 1907.

He went into partnership with the late Dr. Hughes in Plymouth, and was elected an assistant surgeon on the staff of the South Devon and East Cornwall Hospital. Specialising in surgery later, in a comparatively short period of time he was appointed full surgeon. He also held the appointment of consulting surgeon to the East Cornwall Hospital, Bodmin, and Liskeard, Fowey, Kingsbridge, and Totnes Hospitals. When he retired from the South Devon and East Cornwall Hospital he was the senior surgeon, and was elected a consulting surgeon to this institution. Among his past appointments was that of president to the Plymouth Medical Society.

He had many interests outside his professional career, being fond of many forms of sport. He was a keen and skilful fly fisherman, a good shot, not only with a 12-bore but also with a rifle, and was a competitor at the National Rifle Association meetings at Bisley for many years. He was also a keen wild fowler and an able ornithologist, and at one time a yachtsman as well.

He retired from the hospital staff just before the National Health Scheme came into existence.

His sound judgment and accuracy in diagnosis quite apart from his operative ability and skill brought him many admirers, and his extensive experience and sound clinical knowledge were often the means of avoiding an unnecessary operation, but he was never by any means bigoted as regards his work, being always ready to adopt methods which tended to improve operative technique and procedure. He was courageous and stoical towards the end and endured bravely a considerable degree of suffering, of a kind which he had so often in the past allayed in the case of others. No better epitaph than that of "Dare quam accipere" could be written.

D. ARWYN DAVIES, M.R.C.S.

David Arwyn Davies was born on 20th August, 1887, the son of a former Moderator of the General Assembly of the Presbyterian Church of Wales. He attended the City of London School, and then went to Guy's, where he qualified in 1912. He took house appointments in Hemel Hempstead, Aberystwyth and Wandsworth, where he worked under Trotter. He then went into general practice, and was in practice in Carmarthen from 1924 onwards, devoting much of his spare time to B.M.A. work, and being appointed a Justice of the Peace in 1945. His two sons both qualified in medicine, and to them and to his widow we extend our sincere sympathy. He died at Llandough Hospital on 8th March, after a long illness, in his 71st year.

WILLIAM GRANT OLIVER, L.D.S.R.C.S.

William Grant Oliver died on 4th April, nearly 50 years after qualifying in 1908. He retired some years ago to his home in Tunbridge Wells. In his later years, he took a great interest in the *Gazette*, and he contributed frequently to its columns, becoming the friend of successive Editors. To his widow and family we extend our deep sympathy.

GAZETTE SUBSCRIPTIONS

Subscribers, other than those paying *per* Bank, are reminded that the Annual Subscription now due, 12s. 6d. per annum, post free, should be sent as soon as possible to the Manager, *Gazette* Office, Guy's Hospital, S.E.1, together with any outstanding account for Guy's Directory (10s. 6d.).

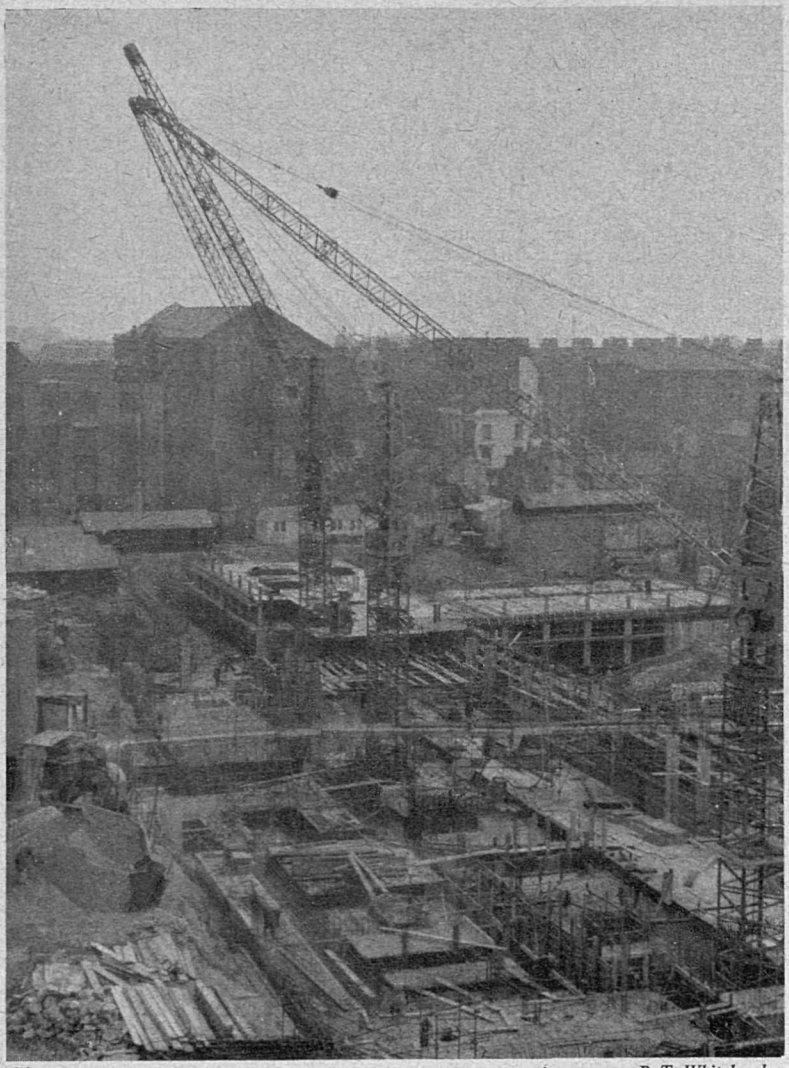

Photo *P. T. Whitehead*

NEW GUY'S HOUSE, SPRING, 1958

This photograph was taken from the top floor of Hunt's House, looking across Great Maze Pond towards Weston Street. The College is just out of the picture to the left.

NOTICE

ART SOCIETY

The next meeting will be held on **Thursday, 8th May,** at the **Whitechapel Art Gallery,** commencing at **5.30 p.m.** at the gallery.

Mr. Bryan Robertson, Director of the gallery, and also a newly appointed Trustee of the Tate Gallery, will talk on the gallery's current exhibition. This is a representative collection of the paintings of **Robert Colquhoun,** probably the most noted contemporary Scottish painter.

The gallery is easily reached from Guy's by bus, and adjoins Aldgate East tube station. (Admission is free.)

CLINICAL OPPORTUNITIES IN GENERAL PRACTICE

By JOHN FRY, M.D., F.R.C.S.

General Practitioner, Beckenham, Kent.

MORE than half of all medical students will eventually become general practitioners, whether by intention or from necessity. Probably less than half of one per cent. of students know anything of the true nature and character of general practice, or of the opportunities and scope there for a high level of clinical medicine.

The average student working and living in the highly artificial atmosphere of a teaching hospital only rarely comes into personal contact with a general practitioner, and almost never actually sees one at work in his practice, using his own special methods and techniques that seem so foreign to those that the student has learnt in hospital practice. The student's knowledge of general practice comes from the casual conversations he has with his colleagues, from the remarks he hears from housemen, registrars and consultants, from the patients that he meets in the hospital and from the letters sent by their general practitioners that accompany them and, of course, from the agony columns of the medical press. From all these sources the student will build up a mental picture of a general practitioner that must also be influenced by the student's own personal youthful experiences of his own family doctor. This picture is usually that of a very busy doctor working from dawn till night seeing and visiting literally hundreds of cases, having no time to examine any of them and referring all the "interesting" cases to the hospital consultant. Naturally with all this work the G.P. in question will have no time for any leisure, no time to see his family and certainly no time to keep abreast of recent medical advances. The student will inevitably come to the apparently reasonable conclusion that general practice must be the very last refuge of the medical destitutes and consist of those who have failed to scale the "Moran ladder".

All these are utterly false and completely unsubstantiated impressions that I hope to disprove in this short paper and to show that just as elsewhere in medicine the standards of work depend almost entirely on the individual doctor.

What is General Practice ?

General practice is just as much a speciality as are other specialities such as ophthalmology, gynæcology, public health and so on. It has its own diseases, its own techniques, its own problems and its own rewarding compensations.

In general practice the doctor is primarily responsible for the continuing and the continual long-term care of a community of families, these families being composed of individuals; and these individuals are his patients for whose medical care he is responsible and whom he, the family doctor, comes to know well. He sees them when they are sick, not only with major illnesses but also when they suffer from the lesser ones. He sees them when they seek advice about all sorts of problems, medical, quasi-medical and frankly non-medical. He sees the "infant, mewling and puking in the nurse's arms" grow into "the whining schoolboy . . . creeping like snail unwillingly to school", and he can follow his more adult patients as he, and they, grow old together until "the last scene of all, . . . sans teeth, sans eyes, sans taste, sans everything". In the hospital the doctor is like a star actor

playing a role in a play with a very short and limited run, which once over, like many a play, is soon forgotten by the audience. The hospital episode where the patient is treated as just another case of this and that is often a very temporary and transient phase in the patient's life. At the end of the episode the patient returns home again to the care of his own family doctor, who on the other hand is a less glamorous small-part actor in a repertory company that goes on putting on play after play for eternity; but he is an actor who is on the stage the whole time, albeit in different roles.

The family doctor cannot help but get to know his patients well, for he sees each of them on an average 4 times a year. Over a period of five years I found that I saw 91 per cent. of all my patients once or more. When his patients come to consult him, he knows at once and at a glance, from past personal experience, what type of person he is dealing with; he knows without reference to his notes what have been their past illnesses, what is their family background and what they are likely to be attending for on this particular occasion. All this knowledge and information that the experienced G.P. has almost subconsiously at his finger tips is of immense value in the care of his patients and will give the uninitiated a false impression of speed and lack of care in eliciting a clinical history. The G.P. already knows the background as soon as the patient sets foot in his consulting room.

Again, when we turn to the diseases themselves, the general practitioner is allowed to see medicine in its widest setting. There is no preselection or preliminary sorting of cases into groups or classes in general practice. The doctor has to be prepared at any time to diagnose and treat all manners of disease, in all ages and sex groups and in all social grades and classes. It is only he, in his long-term follow-up of his community of families and individuals, who is able to appreciate the true natural patterns and courses of diseases and the effects of heredity and environment. The general practitioner today is, surely, the one real medical doctor left and he should appreciate his good fortune and make the most of his opportunities.

Disease in General Practice.

The most common diseases encountered in hospitals are neoplasms, peptic ulcers, acute abdominal emergencies, herniæ, pneumonias, untreatable neurological disorders, varicose veins and accidents. In general practice on the other hand quite a different pattern of disease is encountered. By far the most common group of disorders in practice are the common respiratory infections—the coughs and colds, bronchitics, pneumonias, sore throats and earaches. These account for at least one quarter of all the work in general practice. The next largest disease groups are the minor psychoneuroses, quite different from those seen in hospital practice, rheumatic conditions, alimentary disorders and a whole gamut of rashes and skin eruptions. Most of these G.P. diseases are never seen outside this field and it is not surprising, therefore, that the student or new entrant into general practice is perplexed and confused on his first contact with the patients there.

To give a more realistic picture of the situation in general practice let me quote the approximate numbers of cases of certain common and fair conditions that a G.P. in an average practice of 2,500 patients will see each year.

The importance of the respiratory tract is evident from the fact that the G.P. will have to treat at least 60 patients of all ages suffering from acute chest infections that fit the diagnoses of "acute bronchitis" and "pneumonia". The reason that I place these in inverted commas is that these pneumonias and bronchitis are quite different from those seen in hospitals and a different form of management is required. Acute tonsillitis, a condition that is seen only incidentally and by chance in hospitals, is very common in practice and some 60 patients with this condition will be treated annually. Likewise about 75 children and adults will be seen suffering from acute otitis media. On the other hand the G.P. will see only about 5 or 6 new neoplasms, 5 cases with acute appendicitis and about 4 patients with an acute coronary occlusion in any one year. Of the more chronic illnesses he will have under his constant care some 120 chronic bronchitics, 25 asthmatics, 75 peptic ulcers, 25 epileptics, 15 diabetics, 6 patients with pernicious anæmia and 80 with migraine. He will also encounter the astonishing number of over 150 patients with "hypertension"—the vast majority of these being quite symptomless and in good health.

The most fascinating part of general practice is to be able to follow up all these interesting patients over long periods of time and to appreciate the natural

patterns of morbidity in the community. The family doctor will become an expert in the natural history of the common diseases, and as the years go by and he sits back and reflects he will be very surprised and shocked to realise that very many of the teachings and pronouncements of the high and mighty of his medical school days cannot be applied to his work in general practice. On further reflection it is obvious that this is no fault of the teachers in hospitals because they can, after all, only teach and instruct on the material that is presented to them and this material is selected by the G.P. himself. Since only 10-15 per cent. of all the patients seen in any one year in a practice are referred to hospital it is only on this highly selected proportion that any teaching can be carried out.

Clinical Opportunities.

With all this great variety of clinical material there should be ample scope for interesting work by the keen doctor. There should be no laments that general practice is full of trivialities. There is as much interest in watching children grow out of their common respiratory ailments as there is in following the post-operative progress of a cholecystectomy. In many conditions the G.P. has the field all to himself, for these common ailments are not seen anywhere else in medical practice, and he can therefore become an unrivalled expert with his knowledge of the common respiratory infections, in the care of the elderly and in the management of many pædiatric problems.

In many areas in Great Britain the practitioner will have full facilities at local hospitals to investigate his own patients by all the usual radiological and pathological investigations without necessarily referring his patients to a consultant. In my own practice some 10 per cent. of my patients are sent for these investigations at my local hospital every year and I retain control of their clinical progress. These facilities are still available to only 75 per cent. of practitioners in this country. The further away from the big towns that you are, the better the facilities, and it is a fact that these facilities are most restricted in areas around the big London teaching hospitals, Guy's included. It seems to me that this is wrong. It is rather unreasonable to expect a general practitioner to practise a good standard of medicine if he is expected to refer all patients requiring even the simplest of investigations to a consultant. The Governors of these hospitals would do well to consider opening their radiological and pathological departments for the use of local practitioners.

Hospital beds are available for use by practitioners to treat their own patients in a few rural areas but this is not a very common facility. It is a debatable point whether the family doctor really has time to undertake the more intricate management of patients in hospital.

The general practitioner must be an expert in home care of his patients. He has to adapt the therapy of the hospital to the home and draw all the help necessary from such people as the local district nurses, the health visitors, social workers and the voluntary organisations such as the Red Cross and W.V.S.

As more definite examples of the clinical opportunities that exist I would like to refer to certain more specific conditions that are common in general practice and which still require further study to understand their nature and proper management.

Conditions of the Respiratory Tract.

These have already been referred to as being responsible for about one quarter of the work of the British G.P. In spite of their frequency there is still much confusion over their nomenclature, their ætiology, their natural history and their correct management.

When the young doctor first enters general practice he will be very perplexed and confused by the mass of respiratory illness of a vague character that fits no accepted textbook description. In the main he will meet minor illnesses with distinct clinical patterns but of uncertain ætiology. He will find that he can divide these conditions into acute and chronic, and upper and lower, depending whether they are of long-standing or recent onset and on which part of the respiratory tract they seem to affect. Apart from these very broad delineations there is a very considerable overlap of clinical features.

When he gets down to studying these conditions a little more closely, our young doctor will find that it is young children under 10 and the elderly over 60 who appear to suffer most from these common respiratory infections. In children

it is the upper respiratory tract that is most liable to be affected, and in the elderly it is the lower part of the respiratory tract, the bronchi and lungs.

These "catarrhal children" are probably the practitioner's biggest single problem in management and the one on which his future reputation often depends. On how he helps these children and their mums through this difficult period between 3 and 8 years of age will depend the respect and faith of these mums and the rest of the growing family. How should the recurrent coughs and colds, the earaches, the sore throats and the wheezy chests of these young patients be treated ? Should they all receive antibiotics ? Should they all be referred for an E.N.T. opinion ? What general advice should be given ? These are all vitally important matters that have to be tackled and their resolution requires very considerable insight into natural history, and personal knowledge of the patients. The young G.P. will have to lean very much on his more experienced colleagues to help guide him through his first years in dealing with these problems typical of general practice.

The more definable clinical entities of acute otitis media, acute tonsillitis and the acute infections of the chest are all very much diseases of general practice. In fact so much so that in a recent survey on acute otitis media in general practice, carried out by the Medical Research Council, only 1 per cent. of 1,300 cases were referred to a consultant in hospital.

Acute otitis media has changed in many respects over the past two decades. It is now a relatively benign disease of childhood and it is probable that about 75 per cent. of cases will settle spontaneously without any need to use antibiotics or other specific measures. Acute infections of the throat present the G.P. with an unclassified and little-studied group of infections. In only half the cases can hæmolytic streptococci be found in throat swabs. The ætiology of the remainder is still uncertain. Here again there have been remarkable changes in the past 20 years. Complications are few, and the majority will settle within a couple of days on aspirin and hot drinks.

The types of acute chest infections encountered in practice are really quite distinct from those in hospital. When I first entered general practice I was quite lost with them. The lobar and severe broncho-pneumonias are distinct rarities. The cases seen in general practice are of a much milder nature, with rather indefinite clinical and radiological signs of low grade bacterial or viral segmental lesions. Many will settle on simple measures without antibiotics.

Peptic Ulcer.

This offers another example of the necessity of applying the practical experience of general practice to the established dogmas of hospital teaching. The medical student tends to qualify with the firm belief that all cases of peptic ulcer require strict treatment with diet regimes and long periods in bed for the acute exacerbations of the condition and that judging from experience in the surgical wards, gastrectomy (or some other surgical procedure) is a very frequent form of treatment.

In general practice one has the opportunities to become familiar with the real natural history of peptic ulcer. One learns that it is a very common condition—probably 5 per cent. of adults suffer from a gastric or a duodenal ulcer ; it is a relatively benign condition which is most troublesome in the age-group 25-55 with characteristic exacerbations at intervals of 6-12 months, followed by intervening periods of almost complete remission ; the tendency is for at least 75 per cent. of patients to lose their symptoms without any residual after-effects. The G.P. will learn to adopt his own techniques of management, and I find that it is never necessary to put the patients to bed and very few will need to stay "off work". The important therapeutic measures seem to be frequent small meals and antacids by mouth. In those few who are not controlled by simple medical measures surgery must be considered.

Hypertension.

In my practice I have found that more than 25 per cent. of my patients aged 40 and over have a diastolic blood pressure over 100 mm. Hg. Strictly I suppose they are suffering from hypertension. Few of them have any symptoms or signs apart from the raised blood pressure. I wonder therefore whether they are really suffering from a morbid process ? Some, it is true, will eventually develop complications in the cardio-vascular or renal systems, but these are a very small proportion. Age, sex, environment and family history all influence the course. The younger the patient, the more positive the family history, and if the patient is a male then the worse the outlook and the more need to consider the employment

of modern hypotensive drugs. The experience of general practitioners with these new drugs is very disappointing, for in the patients who do need them they are not very well tolerated, and many prefer to do without them, stating that the cure is worse than the disease.

Psychoneurosis.

A good deal has been heard recently of the apparent high proportion of psychoneurosis in the community and of the needs for skilled treatment of these unfortunate patients. It is important, however, to see the situation in its right perspective. Admittedly there are many patients seeking the doctors' help and advice over their personal problems and symptoms. Those that come to their own family doctors with these emotional and psychosomatic symptoms are often no more "neurotic" than you, who are reading this paper, or I, who am writing it. They are persons with symptoms of anxiety, depression or some other emotions which are at times normal in us all. They look to their doctors for guidance, diagnosis, discussion, explanation and reassurance. They are not mad, they should not be looked upon as inferior and despised beings, they do not need skilled psychiatric treatment (less than 10 per cent. of these psychoneuroses are referred by the family doctor to a psychiatrist). What is necessary is an ability to listen sympathetically to the patients' stories, to use very simple psychotherapy in making an accurate diagnosis, taking into account the various possible factors such as the home situation, the past history and family history; and to explain in simple terms the psychopathology and to recommend treatment with suitable advice. In fact what one needs to be is a father—(or better still a mother) confessor who knows the patients' backgrounds and who must be prepared to follow up the patients at frequent intervals for further short sessions of listening, reassuring and encouraging. This is what 80-90 per cent. of G.P. psychiatry consists of and it is very satisfactory to see the majority of these patients responding to these simple measures by loss of their symptoms—for in many one cannot achieve more than this.

Caring for the Young and Old.

The opportunities in general practice to become expert in caring for the young and the old have been referred to, and it is fascinating to see the effects of extremes of age on disease and disease processes. What are the "normal abnormalities" of the young and the old ? What are these common conditions that are so energetically treated but which probably are normal for that period ? Should so many tonsils and adenoids be removed ? How many male infants need to be circumcised ? Do knock knees and flat feet in children need treatment ? What should we do with umbilical hernias in infants ? All these are important queries for which the G.P. has to work out answers for himself.

These days various hospital departments are being very heavily used to give patients long and expensive courses of treatment and I, as a G.P., often wonder just how effective they really are? Here are opportunities for some clinical assessment by someone. How effective are the "courses" of physiotherapy for the many conditions in which they are given ? What happens to the patients we send to the psychiatrists ? It is quite instructive for the G.P. to follow up these patients and see what happens to them, for it is only he who is able to keep an eye on his patients for any length of time.

The War and post-War periods have seen enormous advances in the social aspects of medicine, and general practice has taken part in the interest taken in this new branch of medicine. The practitioner is in an excellent position to study the effects of social factors on health and disease. These factors can include matters of social status, standards of motherhood, housing, climatic conditions, crowding and of course others. Whether he intends to or not, he has to consider the social and economic implications of illness in every case that he has to treat.

As doctors we are in the habit of dealing with disease and the effects of morbid processes. How often do we consider the *healthy patient ?* What are the features of good health ? What distinguishes the patients who are frequent attenders to the hospital and the G.P. from the others ? An assessment of these qualities offers excellent opportunities for a clinical study.

Research in General Practice.

This brings up the whole question of research in general practice. Research has suddenly become fashionable in this field and there have been many

examples of valuable and interesting papers recently to show the many opportunities that exist. Some examples have already been mentioned but let us consider a few others very briefly. Although life is short and the G.P. lives no longer than his oldest patient he is able, by studying the families under his care and learning their family trees, to get a good idea of the patterns of common and rare hereditary diseases. As I have already tried to point out, a proper appreciation of the natural history of disease is of great importance to any understanding or care of that disease. It is in general practice that one can, over the years, study the natural history of many long-term diseases. This in itself is a fascinating pursuit, to come to know and be familiar with a disease, and to be able to forecast its courses and trends. Very many unlabelled infections occur in epidemic form in the community and the G.P. is right in the midst of the community and is able to follow the course of them. Only recently we have all had experience of an influenza epidemic that affected some 25 per cent. of the population, and there have also been smaller epidemics in the past few weeks of epidemic winter vomiting and streptococcal throats. These and others present good opportunities for simple and interesting researches. A major cost of the National Health Service is the ever mounting drug bill. We know little of the best ways of using drugs in practice. What are the most effective methods of using penicillin ? Is there really a need to use vitamins as tonics ? Do cough medicines help the patients with a cough ?

"Research" is a frightening word to the uninitiated, conjuring up visions of complex apparatus, experimental animals and white coats. Probably the most valuable research ever carried out has involved the use of no complex apparatus, no experimental animals and no white coats, but merely careful observations and an inquisitive mind. These are easily applicable to general practice. All that is necessary is a plan, careful recording and a sensible analysis of results.

Special Interests.

Just as general physicians and general surgeons have their own particular interests, so general practitioners can also have their interests. There are some who are interested in cardiological conditions and have been studying the patterns of coronary disease in their practices. One in a rural practice has carried out valuable work on the causes and management of anæmias in general practice. A well known practitioner is in charge of a hospital physiotherapy department, and many carry out their own manipulations and tractions on "acute backs". Psychiatry attracts many general practitioners who carry out a more than superficial psychotherapy. Hypnotherapy has become a useful tool in the hands of family doctors. One can go on with a whole list of subjects that have attracted G.P's who take a deeper than average interest, and who have succeeded in making useful contributions to our knowledge.

Future.

General practice is passing through an exciting period of renaissance. There are many signs of changes for the better. A new College of General Practitioners. Increasing numbers of original papers by practitioners in the medical press. Much more interest is being taken in general practice by many different branches of the profession who all are anxious to help the G.P. All this augurs well.

There will be many changes designed to aid the practitioner. It is certain that facilities for direct investigations by him will be made more widely available. Group practices will increase and develop and so lessen the strain on the individual G.P. Closer co-operation between practitioners, local authorities and hospitals will lead to more help in the care of patients at home, with the G.P. retaining the care of his patients.

The future seems bright and offers unlimited scope for interesting and satisfying work; but as in all things in life, it all depends on the individual doctor as to what he makes of his practice and his opportunities, which are truly limitless.

RESIDENTS' BALL, 1958

There are not many days left to purchase the few remaining tickets for the Residents' Ball, which will be held on FRIDAY, 2ND MAY, at the Park Lane Hotel.

Tickets, price £3 10*s*. 0*d*., may be obtained from K. B. Tyrer and D. G. Yetman. The closing date must be 30th April in order that tables may be arranged.

Impressions of Lecturers—VI. Dr. Mac Keith

ART & PHOTOGRAPHIC EXHIBITIONS, 1958

It is proposed to hold the Annual Exhibition of the Art Society this year from **Monday, 2nd June,** for a fortnight, in the Gordon Museum.

All members of the Hospital: medical and dental staff and students, nurses, medical auxiliaries, and others, are invited to send in work.

Entries admitted include paintings, drawings, graphic work, sculpture, pottery and metal-work. There is no limit to the number of entries submitted by each entrant, but lack of space may necessitate some restriction on the number hung.

Entries should be taken to the Department of Medical Illustration, who have kindly agreed to receive them from **Monday, 26th May to Saturday, 31st May.**

The holding of the Exhibition annually, instead of bi- or triennially, is something of an experiment this year so it is hoped that all anxious to see it remain an annual event will try to support it with at least one entry.

For the benefit of any who did not see last year's show, and might be tempted to hide their light under a bushel, it may be added that the exhibits ranged from tube-squeezed Action paintings to academic portraits, and from holiday sketches to Freudian abstracts; exhibitors included Consultant Staff and one of the Front Lodge porters.

The Photographic Society Exhibition will be in the Gordon Museum from June 2nd to 16th. **All** members of the hospital are cordially invited to enter their work. **Photographs** must be at least half-plate size, preferably mounted. **Colour transparencies** should be in a frame rather than a card mount, as it is hoped to obtain illuminated viewing boxes. **Exhibits, clearly labelled with name and department** of the entrant, should be handed to Mr. M. H. Gregory (Dept. of Biology), or Mr. D. A. Sabel (Conservation Room), **between May 21st and 28th.** Additional information is available from the above-named.

CORRESPONDENCE

Letters to the Editor of the Gazette

Sports Day, 1958

SIR,—We would like to remind *Gazette* readers that the Annual Guy's Sports Day will be on Saturday, 31st May, at Honor Oak Park.

Once again a special effort is being made to make this afternoon an enjoyable one for all members of the Hospital community. In addition to the usual athletic events there will be various side-shows—coconut shy, hoop-la, balloon race, etc.—at which everyone will be able to test their skill and win numerous prizes. Tea will be served in the Pavilion. In the evening there will be a Dance in the Students' Club at the Hospital.

It is hoped that this will be an opportunity for Guy's to bring along their families, relations and friends, and for all to join in the events; last year no less than eleven hundred people came !

Please reserve this date for a most enjoyable occasion.

Yours etc.,

J. S. TOMKINSON, *President.*
R. G. NOTLEY, *Captain.*

Guy's Hospital, S.E.1.

Long-Stay Patients

SIR,—I am very glad to see that the building of the New Guy's Surgical Block is proceeding well and that in a few years' time it will be ready to carry on the great Guy's tradition. However, in this age of super-this and super-that I was pleased to read in *Passim* that at least some people are thinking about the old folks. This problem of the ageing population grows ever more pressing from year to year, and it is incumbent upon us to make provision for them. It is quite true that they are not sick in the strict medical sense, but nevertheless they need nursing.

I was surprised to learn that one such person was in the acute medical ward for nearly two years, because there was no other alternative accommodation available. I believe that it costs something like £29 a week to keep a patient in a bed in a London teaching hospital, so that at a rough guess her stay has cost £3,000 approximately for the two years. This is a most disturbing state of affairs to say the least, but it emphasizes the now glaring and urgent need to have more beds for the care of this type of case.

Yours etc.,

I. T. THÉ.

38, Newcomen Street, S.E.1.

O.P.O.—A TRIBUTE

O.P.O. first came to Guy's 60 years ago. His origins remain doubtful; born in a committee room, he was nurtured in the hard cradle of necessity; but details of his earliest years are obscure. His education was adequate, if not brilliant, and his career as a student not markedly above average. Once, however, on the Resident Staff he quickly distinguished himself by his unique position; he became a little god in his own sphere and managed, like most successful deities, to mingle autocracy with a benign sense of humour and to wield his power with kindness rather than brutality. Although he was well liked, he quickly developed a number of peculiar characteristics; addicted strongly to sunlight, he was rarely found in harness after seven and had an uncanny ability to rid himself quickly of his more difficult patients on to the shoulders of his long-suffering colleagues. This earned him some good-natured suspicion and the winking lights beckoning his friends to the throne room often went hours unheeded.

Despite his good-natured affability his progress in medicine was limited by a peculiar form of schizophrenia. Unlike the classical form, his phases changed with every third moon, and while his outward actions remained the same, to his friends there was some subtle character alteration which was usually puzzling and occasionally disagreeable. Also, like Dorian Grey, he retained perpetua[l] youth. In a profession where uniformity is valued, these are serious handicap and, when, in later years he even seemed to change sex occasionally, his fate wa[s] sealed. In vain would his friends cry that his femininity was as attractive as hi[s] masculinity; aberration was not to be tolerated and his advancement never came[s]

He died, as he was born, like so many noble spirits, in a committee room, smothered by convention; the victim of modern uniformity. Let those of our regular out-patients who came to love him, and those that came to fear him, mourn; he will be remembered by all.

His place is to be taken by Casual T. Officer to whom we extend our best wishes.

C.

REVIEWS

Textbook of Medical Treatment. Edited by D. M. DUNLOP, Sir STANLEY DAVIDSON and S. ALSTEAD. Seventh Edition 1958. E. & S. Livingstone Ltd., Edinburgh and London. *Price* 55*s.*

This, the seventh edition of what must by now be regarded as one of the standard British Medical Textbooks, has undergone several changes of authorship and extensive revision since the last edition, now four years old. Most praiseworthy is the pruning of much out-of-date material with the saving of about 100 pages, so that for once the new edition is shorter than its predecessor.

The multiple authorship makes it difficult to generalise about this book, even though the editors have largely achieved uniformity of style, and the large number of sections makes it impossible to particularise about all. To select a few for praise or blame may seem invidious but Professor Crofton's section on tuberculosis must be mentioned as a superb, lucid exposition of the present views on therapy in this field. The section on diabetes, always difficult, is well done but seems to dismiss the great advantages of IZS rather lightly. There are good sections on adrenocorticoid therapy and fluid and electrolyte balance. The value of a separate section on anticoagulant therapy is doubtful, and one on ear, nose and throat diseases seems largely out of place in a medical textbook.

This is essentially a textbook for students, which justifies the space devoted to elaborating the bases of treatment and the nature of the diseases discussed. This does, however, render it less suitable as a reference book for the busy practitioner. Compared with earlier editions this one is more explicit and less space is wasted on detailed diets, where these are not essential, and long prescriptions of doubtfully effective medicines. If, however, this book still has a general fault it is that it errs on the side of excessive wordiness and even now occasionally manages to be vague to the point of uselessness (*e.g.* the only advice tendered with regard to artificial respiration in anterior poliomyelitis is "All preparations must be made to maintain respiration". Some account of the selection of patients for intermittent positive pressure respiration and the principles of its management might have been expected here).

Compared with the vast amount of information lucidly expounded in this book, however, these criticisms are very minor. The publishers must be congratulated on another well produced volume which is a pleasure to handle. At 55*s.* this book can be recommended to any student as a sound investment.

D.C.D.

Handbook of Histopathological Technique (including Museum Technique). By C. F. A. CULLING. 1957. London: Butterworth & Co., Ltd. Pp. x and 446; frontispiece in colour and 79 text figures. *Price* 45*s.*

This admirable book represents the distilled wisdom and experience of the Chief Technician in the Department of Pathology at the Westminster Hospital. As Professor R. J. V. Pulvertaft writes in his Foreword, ". . . he has set out the methods which he himself employs, with all the detail which makes the difference between success and failure." The result is excellent.

The book is divided into 6 sections, of which the first is a brief description of cells, their components and their division, followed by a survey of the various techniques by means of which tissues may be examined visually in the laboratory. The second deals with fixation, processing and section-cutting; it includes a good description of automatic tissue-processing machines, and a valuable table of 9 different routines of processing suited to various purposes. Section III is devoted to the theory and practice of staining, and includes chapters on enzymes, lipids, pigments and micro-organisms. Alternative methods are given where relevant, and their relative merits indicated. The staining of nervous tissues is dealt with in considerable detail. Section IV is concerned with less commonly used techniques, and includes useful information on autoradiography and injection methods.

Museum technique is the subject of the next section. This authoritative, detailed and up-to-date survey should prove especially valuable, for this is a topic too often neglected in books of this kind. The final section describes the theory and practice of light-, dark-ground and fluorescence microscopy, and the principles of the phase-contrast, interference and electron instruments.

Your reviewer has come across a number of minor blemishes—proper names mis-spelt, very occasional mistakes in indexing, and the like—which will no doubt be expunged in the next edition. There are, however, one or two points calling for constructive criticism. In the discussion of the physico-chemical basis of metachromasia (p. 138) the theories of tautomerism and of polymerization of the dye are put forward, but no mention is made of the new conception introduced by the work of Walton and Ricketts (1954), who drew attention to the importance of the number of dissociation characteristics of the acidic radicles of the metachromatic substance. This should receive a mention. Secondly, 3:4 benzpyrene is referred to (p. 263) as a fluorescent dye for the demonstration of lipids, but without any warning of its carcinogenic activity. Thirdly, in Fig. 32 (p. 309) the blocks of (g) and (h) have been transposed. Lastly, the descriptions of the plasma cell (pp. 236 and 294) would gain in interest from the addition of a brief word on what is now known of its functions.

These remarks, however, are not intended seriously to detract from a first-rate and essentially practical book. It was written with a particular view to the requirements of the final examination in Histopathological Technique of the Institute of Medical Laboratory Technology, and has been placed on that body's list of Recommended Books for Students. For technicians preparing for this examination the book is clearly essential, and no doubt every histopathological laboratory has already got its copy. Pathologists, too, will find it useful—as indeed will anyone whose work involves the use of histological techniques.

The book is well printed and its figures are clear. Its binding is stated to be waterproof and resistant to acid. Its price is reasonable.

G.A.K.M.

Injuries of the Bones of the Head. By J. VONDRA and R. BLAHA. Constable and Co. Ltd., 1958. Pp. 304. *Price* 40*s.*

This book was written both to present a survey of the main signs of injury to the bones of the skull in cases requiring first-aid, and as a guide to "busy doctors in health centres and out-patients' departments". There is a need for such a work for easy reference, written with the utmost clarity, and clearly illustrated. Unfortunately, in spite of the excellent motives, this book fails to fulfil this need.

There are no less than 170 illustrations, most of which are X-rays. These would have been clearer if they had been reproduced in negative form, as they are seen. Some of the detail might have been more apparent, and less retouching would have been necessary. The illustrations are all grouped together at the back of the book, and although they are listed, no references are made to them in the text. In many instances diagrams would have been clearer. Where these have been used, as in the coloured plates of fractures of the skull base, the difference is at once apparent. The special radiological projections should certainly have been given diagrams to assist or modify the descriptions.

In the forest of the text is a considerable amount of valuable information. It is possible that translation has destroyed some of the clarity. The authors state that Latin nomenclature has been used for the dubious reason that it is "the current language of international science". But, surely, if the reader can understand enough English to read the text, he can understand enough to render such latinisms as "Open hæmorrhage to the exterior occurs chiefly from the cavum nasi and the cavum oris" not merely unnecessary, but tedious. The anatomical descriptions given are not as good as those in a textbook of anatomy, to which the "busy doctor" could easily refer; if these had been omitted more space could have been given to emphasising those radiological findings which are really important, those which determine urgent treatment. No catalogue of complications and possibilities is of any value without clear reference to the clinical implications.

It is a great pity that a book which is so comprehensive and which has clearly been written by authors of considerable experience, should have missed the mark on account of defects of important detail.

P.H.S.

Anaesthesia for Nurses. By ERIC GODWIN, L.R.C.P., M.R.C.S. Published by by John Wright & Sons Ltd. *Price* 2*s.* 6*d.*

This book contains helpful advice on pre- and post-operative care of the patient and would be useful for quick reference, even though a few nursing points have been omitted. The chapter on drugs which may be used and the reasons for their use will be welcomed by many nurses.

Contradictions are, however, confusing to nurses, *e.g.*, in the chapter on post-operative care, hot water bottles are permitted if spinal anæsthesia has been given, providing they are well protected and properly placed. In the chapter on spinal anæsthesia it is emphatically stated that hot water bottles should not be used. An explanation as to why blood should be warmed if being given to very small children or very ill patients would have been helpful. The author does not state how this should be done or how warm the blood should be.

It would have been more helpful if the illustrations were nearer the page of reference.

C.L.

Biochemistry and Human Metabolism. By BURNHAM S. WALKER, M.D., Ph.D., WILLIAM C. BOYD, Ph.D., and ISAAC ASIMOV, Ph.D., Williams & Wilkins, Baltimore; Baillière, Tindall & Cox, London. Third Edition, 1957. Pp. vii+937. *Price* 96*s.*

This book, written by staff of the Boston University School of Medicine, is distinguished for its practical, sensible view of its subject. It divides this into parts : Structure, Control, Growth, Metabolism and Pathology, and in each case gives a sound basic introduction to the principles concerned, followed by their application to biochemistry in general and to man in particular. The non-specialist reader will find here all he is likely to want to know, from an account of the electronic theory of valency to the composition of human urine. He will find pages of metabolic charts, those railway systems of biochemical sequences, so daunting to the teacher of biochemistry, yet, oddly, so apparently beloved by the earnest student. What intellectual satisfaction, for example, in finding out that it takes four stages and at least five enzymes with their co-factors to take two carbon atoms off the chain of a fatty-acid molecule. As year by year the complexity grows, the railways advance, we feel : this is real knowledge, this is the essence of biochemistry. One day all medicine, nay, life itself, will be put on to one gigantic chart and, by adding a little of this or that, all disease will be brought under control.

A pipe dream ? Maybe, but meanwhile here is Walker, Boyd and Asimov to put you in the latest picture, accurately, interestingly and with a wide bibliography should you wish to go further or consult the original published evidence. Except for some of the illustrations which are, frankly, poor, the book is well up to the high American standards of production. Buy it and you can be sure that it won't collect dust : if you're not reading it, it will be in the hands of one of your borrowers.

G.A.D.H.

Respiratory Disease and the General Practitioner. By G. H. C. TOUSSAINT, D.P.H., M.R.C.S. Published by N.A.P.T. 1958. *Price* 7*s.* 6*d.*

This brief handbook has a point to make and makes it forcefully and directly. Dr. Toussaint has spent many years campaigning for the earlier recognition of pulmonary tuberculosis by the use of Mass X-ray by the general practitioner. He now adds to his avowed enemies what he calls the "epidemic of bronchial carcinoma now sweeping the country". He insists that the G.P. is the first and most important member of the team, which includes radiologist, physician, pathologist and surgeon, in the early diagnosis and the eventual eradication of these killing chest diseases. He backs this up with terse information and admittedly dogmatic recommendations for dealing with them. 32 brief but illuminating case-histories are illustrated with very well-reproduced X-rays. Brief and authoritative, this handbook should be of great value to general practitioners, and to students who are prepared to recognise controversial matter in some unqualified assertions contained in it.

J.A.W.

Aids to Public Health. By LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H. Baillière, Tindall & Cox, pp. 335, viii. 4th Edition. *Price* 10*s.* 6*d.*

This is a new and revised edition of Dr. Roberts' well known and excellent booklet. It presents an extraordinary range of information from the history of public health, through environmental control to the public health services. It contains appendices on the National Insurance Acts, the new and important report of the Royal Commission on mental illness and mental deficiency, and on International Health Organisations.

The publication of yet another new edition of "Aids to Public Health" raises once more two important and general questions. First, what is the place of the "Aids" books in undergraduate medical education, and second, is this the sort of "Public Health" which medical students need in the second half of the 20th century ? A brief review is not the proper place to answer these major questions, though they must be asked. It may be said in comment however, that learning theory is emphatic that second-hand skeletons of a subject—the notes and headlines which suggest the substance—are poor stuff when compared with the notes one makes oneself or with a full blooded textbook. The second question is larger still. One way to approach it is to ask what are the major threats to the public

health today and how are they best included in medical teaching. While the infections must still rank high, degenerative and heart disease, peptic ulcer, accidents, certain cancers and minor mental illness are increasingly important threats. More than environmental control in the old sense is involved in their prevention. The new Public Health must be concerned with these new problems and perhaps it is time to drop overboard the diagrams of drains and the descriptions of puerperal fever.

The best parts of this edition are in the descriptions of services and legislation and here it is really useful. Dr. Roberts' book shows signs of movement in the right direction, but it has not gone far enough.

E.M.B.

Psychosomatics. By JOH. BOOIJ. Cleaver-Hulme Press, 1957. *Price* 24*s.*

This book consists of a series of five lectures given in 1954 at a joint address meeting organised by the Dutch Psychiatric and Neurological Society in company with the Association of Dutch Internists in order to discuss the various problems surrounding "Psychosomatics".

The first chapter, "Psychosomatic Medicine, Its Possibilities and Limitations" is a discursive account of the possibilities of psychosomatic medicine. The author feels that psychosomatic medicine has a contribution to make both to general medicine and psychiatry. There is some discussion of the psychodynamics of neurosis, mainly from a psycho-analytical stand-point. The author ends with a timely warning to young physicians on the limitations of psychosomatic medicine.

The second chapter deals with the phenomena of syndrome shift and suppression, which the author considers are analogous to the processes of sublimation and regression as described by Freud and also analogous to the descriptions of displacement activity described in animals by the behaviourist school.

The third chapter, "Anthropology and Psychosomatics", is perhaps the most interesting in the whole book and can be recommended both to the Undergraduate and Post-graduate Student. It deals with the concept of health and disease in terms of the total person.

In the fourth chapter, "Psychosomatic Medicine and Organic Pathology", the author describes the findings in 46 cases of massive gastric hæmorrhage, and an attempt has been made to establish whether it would be justifiable to speak of the psycho-pathology of peptic ulcer. It is pointed out that in about 50 per cent. of cases no prolonged gastric symptoms had previously existed. The author ends on an inconclusive note.

The final chapter entitled "Results of Psychotherapy in Psychosomatic Diseases" is mainly anecdotal in content and no exact data are presented.

This is a well presented book and there is nothing in it which need frighten away the most organically oriented reader. J.H.P.W.

Introduction to Dental Anatomy. By J. H. SCOTT and N. B. B. SYMONS. 2nd Edition, 1958. E. & S. Livingstone. *Price* 42*s.*

It is interesting to note, as the emphasis on the constituent parts of Dental Anatomy is steadily changing, that nearly half of this new edition is devoted to human oral anatomy, while histology and comparative sections are about equal.

There has been a great improvement on the first edition with much of the subject matter rewritten and rearranged; many more good clear illustrations having been included to produce a book both compact and readable. Where possible the functional significance is suggested, and the foundation for many aspects of the theory of clinical practice is laid in an able and interesting manner. If some controversies are rather glossed over surely this can be an advantage in an introduction.

The comparative anatomy is treated in a general way: thus types of teeth or their attachment in various animals are discussed in relation to use while only in the twenty-page appendix are details given of particular dentitions. Chapters on 'Primate Dentitions' and the 'Antiquity of Man' form a logical conclusion to the section. A further short addition on the time of eruption of teeth in various animals, however, seems unnecessary.

The histology chapters have also been improved but to compare favourably with larger works on this subject alone many more costly illustrations would be needed.

Thus on the foundation of the first edition the authors have now produced a most useful contribution to dental literature.

D.C.A.P.

Aids to Bacteriology. By H W. SCOTT-WILSON, B.Sc., B.M., B.Ch. (Oxon.). Baillière, Tindall and Cox. Ninth Edition. 1957. *Price* 12*s.* 6*d.*

This is an excellent short textbook of bacteriology and includes sections on Fungi and Protozoa. The chief complaint one might raise is the length of the text (384 pages). Unfortunately or otherwise bacteriology today occupies less and less of the student's time. There is a need for a really short 'aids' which in say 50 pages would give the student all he is really likely to need for his examination. However, until such time as a really condensed revision book appears "Aids to Bacteriology" may be safely recommended to students.

R.H.G.

Seventy Years Ago

From Guy's Hospital Gazette, 28th April, 1888.

We have just received from the Medical Office a capital idea in the shape of a Students' Calendar for 1887-1888. This is its first trial, and it will doubtless be made more complete as time goes on. It will be of the greatest use to everyone, giving as it does not only the dates of various examinations, but the latest date at which applications should be made for schedules for the latter, and also the date of application for appointments.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Treasurer's Prize and Medal in Clinical Surgery

March/April, 1958

The following award has been made:

Mrs. G. Strube—Medal and Prize.

Charles Forster Prize in Cardiology

March, 1958

The following awards have been made:

Miss M. B. Webb—Prize.
M. J. S. Langman—Certificate.

Charles Oldham Prize in Ophthalmology

March/April, 1958

The following awards have been made:

1st Prize of £50—M. D. Sanders.
2nd Prize of £25—R. B. Huddy.
3rd Prize of £15—B. S. Meldrum.

Sands Cox Scholarship in Physiology

March, 1958

The following award has been made:

J. N. Crossley—Scholarship.

Michael Harris Prize in Anatomy

March, 1958

The following awards have been made:

J. N. Crossley and M. C. Rallings } Bracketed equal Prize divided.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists

Fellowship

E. R. Lester

NURSING NEWS

The following changes have taken place amongst the Nursing Staff:—

Left :
S/N A. H. Jones.
S/N P. Dovaston.
S/N M. Street.
S/N J. Chard (*Evelina*).
S/N M. Plummer.

Promotion :
Sister M. Power (*Surgical Night Sister*).

Entered :
C/N M. Holmes-Higgins (*Theatres*).
S/N J. M. Byles (*O.P. Dept.*).
J/S/N M. H. Biesty.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

INDEX 1957 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4*s.* 6*d.* each.

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1821 10*th May* 1958 *One Shilling*

PASSIM

THERE is absolutely no doubt that among all the hospitals in London Guy's is most fortunate in its patients. The resilience of the true Londoner to whatever situation he may find himself in; the humour set up over a lifetime as a barrier against misfortune; the enormous experience of making the best of what is usually a very bad job have so heightened his powers of recovery that morale is usually two or three jumps ahead of physical improvement. London, as Professor Higgins would be the first to claim, is still divided up into a number of distinct districts with their own peculiarities and their own populations. Of all these, the Borough and Southwark have guarded their boundaries most successfully against "foreign" elements—however desirable or undesirable these may be. How long this will remain so, it is impossible to tell; how long lodgings can remain as relatively cheap as they are in this neighbourhood without attracting a shifting (and sometimes shiftless) population must be numbered in a few years only.

It would be wrong to depict the Londoner as a paragon of all that is virtuous; but perhaps it would not be too much to say that his sins are honest ones and his ways are usually straight. This makes him an easy patient to look after because, though he may be a jump ahead of any of us when outside hospital in his own surroundings, his mind is usually logical, his courage usually indomitable and his complaints usually few. Above all, his humour is quick and incisive and anything in hospital is forgiven to a patient with humour. To anyone who has spent any time at all doctoring or nursing a cosmopolitan ward, and who has had to change his approach and his sympathies as he moves from bed to bed, the advantages of a more or less fixed population are enormous.

The departments of Anatomy and Physics at Guy's combined forces some time ago, in the respective persons of Dr. J. Joseph and Dr. A. Nightingale, to do some well-known research into the electrical activity of postural muscles. With the aid of the Department of Medical Illustration they made a film on "Electromyography of Postural Muscles—Leg and Thigh", which was selected for showing at the 1957 meeting of the British Association in Dublin.

At the Brussels Exhibition this year there is an International Hall of Science containing exhibits on four main topics—The Atom, the Molecule, the Crystal and the Living Cell, with contributions from about 15 countries. The Science Hall includes four small

cinemas, three of which are showing programmes of scientific films on subjects related to those described in the exhibits. Each country was asked by a Belgian committee to submit its best available scientific films, all of which will be shown throughout the Exhibition, and the Guy's film on electromyography is among those chosen, a considerable distinction, on which we congratulate its makers.

Dr. Joseph is also to address the revived Anatomy and Physiology sections of the Annual Meeting of the B.M.A. this summer, when his talk on electromyography will be among those devoted to "Posture, its Scientific Background and its Importance in Health".

A farewell party for Miss C. O'Toole was held in the Nurses' Home on 29th April, to mark her appointment as Matron of the Royal Masonic Hospital. We congratulate Sister J. R. Tanner on her appointment as First Assistant Matron, and welcome back to Guy's Sister A. L. Perkins, who becomes Second Assistant Matron.

The Press is often accused of being callous in search of news. The *Gazette* is usually rather surprised, though highly gratified, to find itself represented on the scene as items of news occur, and we had some glimpse last week of how it must feel to be "in at the kill" with Fleet Street waiting for news. We met a fearsome-looking group of firemen in the underground beneath Nuffield, about midnight last Friday, and were able to sort out the fact that they had in fact been sent for to deal with a fire in the Nuffield Nurses' Home. A small crowd quickly gathered in the Park, and it was here that one had hastily to suppress a reporter's twinge of disappointment that no flames were to be seen. In fact, a fire in some packing cases near the tennis-court had been quickly dealt with, and the half-dozen engines and their crews were soon off to the Southwark and Dockhead stations again. It is pleasant to know that the firemen are so quickly on the spot, and we felt sorry for the last man out of the Nurses' Home, who departed with an injured air after an encounter with an unidentified Sister, in which he had apparently been quite unable to hold his own !

The building of Guy's is not entirely confined to the East side of Great Maze Pond, for the Medical School is in the process of acquiring a new lift, in a position between the Enquiries office and the Wills library, where it will run from basement to top floor. It opens into the corridors where windows used to be, and runs in the enclosed space between the Biology laboratory and the Physiology Department.

The Park is looking particularly attractive in the sunshine we have been enjoying, and we must congratulate the gardeners on the fine show of tulips and other blooms; as well as on the excellent condition of the lawns, on which several visitors to the Hospital have commented recently. It is one thing to have such an enviable open space within the Hospital, but quite another to make the most of it as has been done this spring.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *The Testicle.*
12th	M	1.00	Dr. J. J. Fleminger. Clinical Lecture. *Principles of Psychotherapy.*
13th	T	1.00	Dr. J. D. Dow. Clinical Lecture. *Radiological Investigation of the Kidneys.*
15th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Abdominal Injuries.*
		5.00	Radiology and Cardiology Combined Meeting (Gordon Museum).
16th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
19th	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *Local Rheumatic Affections.*
20th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
24th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

OBITUARIES

GEOFFREY WILLIAM RAKE

The death of Geoffrey Rake in the United States on 20th April, 1958, at the all too young age of 54 is a sad blow to his many friends. He entered Guy's Hospital Medical School at the age of 17. In spite of a severe stammer he was quickly recognized as a person of quite exceptional ability and charm. He was a close friend of many members of the Hospital and School staff, particularly of the late Professor Adrian Stokes, and also most popular with and respected by his fellow students and house officers. Academically he carried everything before him—distinctions in Medicine and Surgery and practically all the prizes at Guy's.

As house physician to Sir Arthur Hurst in 1928 he was conspicuous for his clinical ability and acumen but from an early stage in his career he was interested primarily in research problems rather than in clinical medicine. This was probably partly due to his close association with the Pathology Department, then under the stimulating influence of Professor Stokes, who unfortunately died prematurely from yellow fever contracted while doing research on that disease in West Africa.

Stokes's death was a great blow to Geoffrey Rake and shortly afterwards he went to America, where he worked in succession at the Johns Hopkins, the Rockefeller Institute and the Connaught Laboratories in Toronto.

A major change occurred in Geoffrey's life when he was appointed Director of the Squibb Institute for Medical Research. Here he had available first class facilities with complete freedom to study any problems he wished and with no obligations to produce work of utilitarian value.

Rake was perhaps best known for his researches in viral diseases and tuberculosis and was co-author with Dr. Harvey Blank of a book on Viral and Rickettsial diseases, besides very numerous papers. He had an international reputation and had visited and often lectured in practically all parts of the world. In 1953 he was appointed Research Professor of Microbiology in the University of Pennsylvania. His time was divided between his professional duties and his work as scientific director of the International division of the Olin Mathieson Chemical Corporation, a happy and officially recognized conjunction of duties to the mutual advantage of both Medicine and Industry.

Geoffrey's many friends at Guy's will remember him with admiration for his wide knowledge on a multitude of subjects, for his exceptional power of lucid explanation, his well balanced judgment and for his absolute integrity. Their most pleasant memories, however, will be of his happy disposition, keen sense of humour, his thoughtfulness for others and his buoyant and irrepressible energy. We wish to express our deepest sympathy with his widow and family.

J.J.C.

DR. H. C. CAMERON

E.A.O. writes :

I should be grateful for the courtesy of your columns in paying a small tribute to Dr. Cameron. I was privileged to be his ward sister from 1935 until the outbreak of World War II, and it was during this time that the old *Bright* ward was converted into medical and surgical wards for children—known as *Diplock* and *Caleb* wards respectively.

For about three years we lived in one part of the ward or another and moved around according to the dictates of the workmen's requirements, dodging ladders and tarpaulins and keeping down the dust as well as we could.

Working with and for Dr. Cameron was a very enriching experience, and I remember with gratitude his gentleness, courtesy, calm confidence and the kindly shrewdness in his searching blue eyes. He would not tolerate careless work, but was always tolerant and sympathetic when things went wrong—as they will occasionally, in any ward. In the planning of the new ward he was always ready to advise but trusted his Matron and ward sister absolutely to organise the more domestic arrangements in the ward.

As far as the ward sister is concerned, there is always some anxiety attached to a physician's teaching round lest everything should not be in order, but in Dr. Cameron's case this was minimal, and the nursing staff so enjoyed listening to his clear, stimulating and often humorous teaching, and above all to his intuitive and sympathetic presentation of the sick child's needs that his rounds were a source of inspiration and pleasure.

I am sure there are many Guy's nurses who owe far more than they realise to the fundamental wisdom of his teaching and would wish to place on record their appreciation and gratitude of his life and work.

POSTGRADUATE COURSE IN PÆDIATRIC SURGERY

The first pædiatric surgery course organised by the Evelina Hospital and Guy's Hospital Department of Child Health was held at the Evelina on Saturday, 19th April, and was a great success.

It amounted to an impressive symposium, presenting some of the new work in pædiatric surgery which is being carried out in the general and special departments of both hospitals. The comprehensive facilities which are available enable Guy's to make a contribution which is in many ways unparalleled and there are manifest advantages to both surgeon and patient in a background not confined to the surgery of childhood

The programme was designed to cover a wide range of topics in the course of one day and to this end there were sixteen fifteen-minute talks punctuated by a series of meals. The success of this experiment was shown both by the very high standard of the talks (and meals) and by the comments of the audience.

It was thought that the course would appeal to candidates for the final F.R.C.S., but with one exception the visitors were all practising physicians and surgeons, many of whom had come a long way to attend: for example those from Newcastle, Derby, Nottingham, Cheltenham and Bristol. There is clearly a demand for such a meeting and the organisers are very grateful to all the speakers who generously gave part of a busy day to support it. It is hoped that the course may become an annual event.

The subjects of the talks were as follows:—

Inguinoscrotal Swellings	Mr. Rex Lawrie
The Acute Abdomen	Dr. Philip Evans
Horseshoe Kidney	Mr. F. R. Kilpatrick
The Care of Children in Hospital	Dr. Ronald Mac Keith
Cleft Lip and Palate, Burns and the Hand	Mr. Patrick Clarkson
Complications of Tracheotomy	Mr. Philip Reading
Cardiac Surgery	Mr. D. G. Taylor
Anæsthetic Techniques in Cardiac Surgery	Dr. David Carnegie
Congenital Dislocation of the Hip and Club Foot	Mr. J. S. Batchelor
Psychological Reactions to Injury	Dr. G. Vaughan
Nævi	Mr. N. L. Eckhoff
Hemispherectomy	Mr. Murray Falconer
Congenital Deformities of the Skull	Mr. Peter Schurr
Hallux Rigidus in Children	Mr. T. T. Stamm
Congenital Abnormalities of the Lung	Mr. Robert Brain
Intestinal Obstruction in the Newborn	Dr. Michael Joseph

MR. BLAIKLEY IN ADELAIDE

During his overseas tour as Sims-Black Travelling Professor, Mr. J. B. Blaikley spent four days in Adelaide. He gave lectures to members of the medical and nursing profession, and met a number of Guy's men.

Mr. Blaikley visited the Institute of Medical and Veterinary Science where he discussed the pattern of staphylococcal infection in South Australia with Dr. K. Anderson, head of the Division of Bacteriology. Later he lectured on 'The Staphylococcal Menace in Obstetrics', and took part in a vigorous discussion afterwards. At the recently opened Queen Elizabeth Maternity Hospital, Mr. Blaikley spoke at a College of Obstetricians Meeting on 'The treatment of carcinoma of the cervix and pelvic exenteration'. At the Royal Adelaide Hospital, he later discussed the Fothergill Operation, illustrating his talk with a film.

At the Queen Victoria Maternity Hospital, a number of cases were presented to Mr. Blaikley for discussion. Dr. V. Y. Bockner, Assistant to the Director, Department of Obstetrics, University of Adelaide, gave a cocktail party at his home for Mr. and Mrs. Blaikley, to enable them to meet a number of Guy's men in Adelaide.

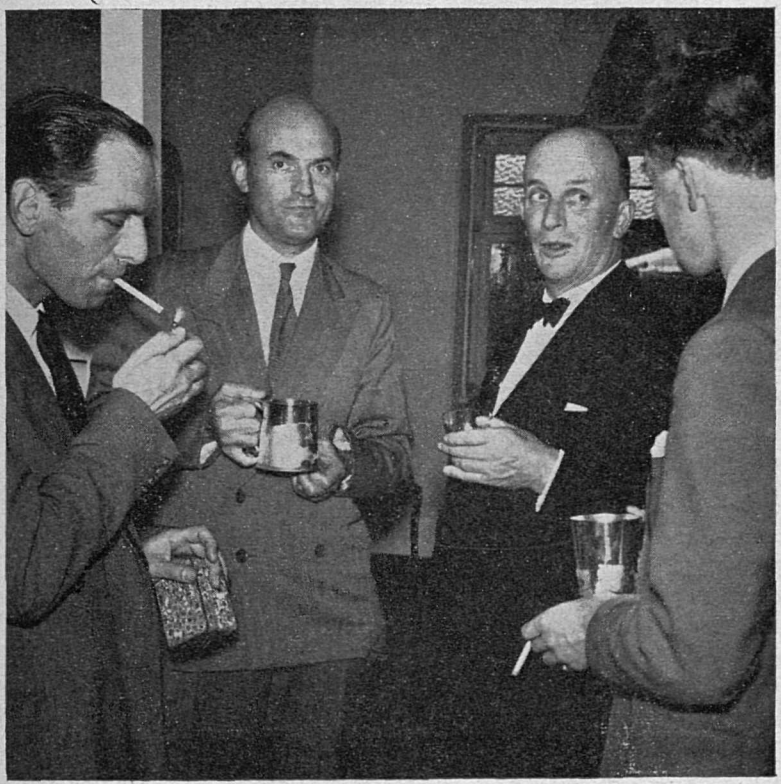


Photo) (Dr. Kevin Anderson

Dr. V. Y. Bockner, Dr. D. P. Finnegan, J. B. Blaikley, Esq., Dr. W. M. S. Boyd

INNOMINATE CLUB

The Innominate Club's next dinner will be held at the Trocadero Restaurant at 7.30 p.m., on Friday, 6th June, 1958. Price 32*s.* 6*d.* B. E. Hawkins will be in the chair. Will all members wishing to attend please apply to the Hon. Secretary, G. T. Hankey, 89, Harley Street, W.1.

Impressions of Lecturers—VII. Mr. Gibberd

LIFE IN THE WILD WEST

By ROY J. SHEPHARD, M.B., Ph.D.

presently

Assistant Professor of Preventive Medicine
University of Cincinnati, Ohio.

DURING the past few years, many Guy's men have had the opportunity of living in the United States for varying periods, and quite a number have ventured to describe their experiences in the pages of the *Gazette*. However, it seems fair to observe that the majority of these travellers only penetrated the traditionally quiet and peaceful areas in the immediate hinterland of the eastern seaboard, making their homes in cities such as Baltimore and Philadelphia. The present writer has lived for nearly fifteen months in Cincinnati, self-styled "Queen City" of the middle west, and although it has not yet seemed necessary to contend with bands of marauding Indians, or even to buy a six-shooter, it has been possible—even necessary—to view the American scene from a different perspective.

Cincinnati has an interesting history. It was one of the first areas west of the Alleghenys to be settled by the white "invaders". In 1800, there was little more than a simple log stockade known as Camp Washington set in dense woodlands on the banks of the Ohio river, but by 1830 there was a rapidly growing town of some 7,000 people, and the waterfront area was becoming well-known as the lusty centre of an expanding Ohio steamboat traffic. Further inland, sawmills were rapidly reducing the dense forests to lumber, some being used locally for housing, and the remainder shipped down the river. Although very much a frontier town, some charming, graceful houses were built in this period. One, originally the family home of the Tafts, is now furnished in the style of the 1830s, and is preserved as a museum near the centre of the city.

For a time, the town continued to grow at a phenomenal rate, far exceeding such rivals as Chicago, Cleveland, and Detroit. Settlers were mostly from Germany, and their ideas and culture were soon firmly emplanted in the community. German became the official language in many of the churches and schools, and was a feature of the town until the first world war. A rather solid German style of architecture, with narrow, tall, and closely packed houses unlike those seen in other parts of the United States, soon gave the town a characteristic appearance, and with the added colour of several German opera houses and biergartens, one section of the town had such a Bohemian atmosphere that it became widely known as "over the Rhine".

But progress was not to continue unchecked. The stolid nature of the German settlers led the majority to favour the Republican party, and as local circumstances were in the 1880s, they could not have made a worse choice. The Republican party of Cincinnati was completely under the thumb of a racketeer known locally as "the boss". For some forty years, he and his henchmen maintained absolute control of the police and every aspect of City government from the comfort

of a saloon in the downtown area. Throughout his reign, the "boss" was greatly preoccupied with the task of making money for himself and his friends, and the city slowly decayed. Holes appeared in the streets and were not mended. Tentative offers to place automobile factories here were rejected as bad for his particular type of "trade". Over this same forty years there was little change in the total population, and even at the present day on driving northwards from the river it is possible to see the very sudden transition from the buildings of the 1870s to the architecture of the 1920s.

The political salvation of the city was achieved by introducing proportional representation of a peculiarly involved type. With the new method of voting it took over a week to calculate the election results, but it did enable the more honest citizens to oust the diehard republicans and introduce a coalition of democrats and liberal republicans, the charterites, as they still call themselves. One of the leading figures in this reform movement has been Charles Taft, a close relative of the well known senator, and now mayor of the city. The first step of the new government was to appoint a city manager. He was paid a large salary ($25,000), but had to remain above any suspicion of corruption or patronage. It has been the boast of the charterites that since they came to power the city has enjoyed the most honest administration in the United States.

The growth of the city was resumed with the more honest political set-up, and the population now approaches a million people, Cincinnati being about the twentieth city in the United States. It is of course only separated from Kentucky by the muddy waters of the Ohio river, and it is interesting to note that the racketeers from the city hall have not fled very far—indeed many of them still operate at the further end of one of the four bridges leading to the Kentucky towns of Newport and Covington. Cincinnati is still a border town. It lies on the Mason-Dixon line, and across the river are the food, the speech, and the attitudes of the South. In many respects legislation is much less strict in Kentucky than in Ohio, and if in doubt of the legality of any procedure, it is a simple matter to carry it out across the water.

Geographically, the river still plays a very important part in the life of Cincinnati. Locks accommodating chains of up to twelve barges allow goods to be carried by water at a very small fraction of the cost of road transport. (Incidentally the cost of road transport is so high that many families destroy their furniture rather than carry it when moving to another town). The tugs on the river look quite ancient, and emit clouds of filthy black smoke (being careful to stay on the Kentucky shore, where they cannot be prosecuted by our smoke enforcement patrols), but despite their decrepid outward appearance they are equipped with all the latest in radar navigational equipment, and can plod on their journey from New Orleans night and day, foggy or clear. The use of radar in tugs is a typical example of the American business man's thinking—he has calculated that the cost of installing radar equipment will be justified if there are only seven foggy days during the year.

Since the war, the Ohio valley has assumed great strategic importance, as the American atomic energy commission has decided to locate most of its plant in this region. The decision was taken because of the abundant supplies of soft coal in the mountains of West Virginia, and the ease with which this coal can be transported by water. The time does not seem far distant when Hamilton (population 100,000) thirty miles to the north, Dayton (population 500,000) fifty miles to the north, and Cincinnati itself will form one hugh sprawling urban and industrial area.

Modern Cincinnati, with its forty-storey skyscrapers, is much like any other large American city, but the old town is unique in several respects. One is the steepness of its streets, which rival even those of Pittsburgh. Some of the houses have the ground floor at one street level, and the fourth floor at the level of the street above. Until recently there was one point in the city where the old trolley cars were carried 400 feet skywards on a 45 degree incline. Only the stouter-hearted citizens travelled this route. Many of the city hills command very charming views of the Ohio river, and at least eight of these peaks have very wisely been set aside as public parks. Many American cities are rather lacking in parks, but the wooded hills of Southern Ohio lend themselves particularly to the American

style of park development, and there are over seventy parks in the Cincinnati area. To some Europeans, an American park may be a disappointing experience. There are few formal flower borders, probably because labour costs are so high, and most consist of several square miles of landscaped woodland pierced by broad motor roads, and punctuated by large parking "lots" and "picnic areas". Picnic areas are a very noticeable feature of Western parks. Insects have little respect for the anatomy of Americans who sit on their native soil, so it has been decreed that wooden tables and benches of family size shall be provided in large numbers for all parks. Most parks also permit charcoal fires, and in the summer it is not only the wood which keeps one from seeing the trees, but also the haze arising from innumerable sizzling steaks and hamburgers. It rarely rains in the summer, and the heat is such that it is often more pleasant to cook out of doors.

Heat and humidity are two features of Cincinnati (and the middle-west generally) that the English visitor has to learn to accept. Many consider the climate here compares unfavourably with that of Singapore. In July, temperatures average 95-100° F, and the relative humidity is often over 80%. Autumn and Spring are both very short or non-existent, and there is usually a swing from the heat of summer to freezing temperatures within a few days. In January, thirty or even forty degrees of frost may be encountered for periods of several days, but with centrally heated houses this is not too readily noticed by an Englishman.

Recently arrived foreigners are few in this part of America. The city has sponsored the resettlement of a small number of refugees from East Germany and Hungary, but on the whole contacts with the outside world are limited. To many people, even New York is something to be read about in books and to be seen on films. We know of no more than a dozen English people in Cincinnati, and many of the twelve are war-brides who are fast losing any trace of their English ancestry. Strangely enough, Bartley, a Guy's man who qualified in 1954, is one of the twelve. He is now a surgical resident in a 600-bed non-teaching hospital. The relative absence of foreigners makes us in some ways an object of curiosity. For instance, in almost all of the shops we visit, the assistants will ask us questions about England and the English way of life. Almost always, even amongst quite casual acquaintances, the reaction has been of warm and open friendship. Even during the Suez crisis, when the national press was angrily berating the British government, the citizens of Cincinnati asked politely for our views, and listened to them with tolerance and sympathy. If one wished to criticise this community, and it seems hard to do so when we have met nothing but kindness and genuine friendship, one might point to the treatment of the coloured citizens. Since the war, nearly two million negroes have migrated from the South to the industrial areas of the middle west, and this has created many social problems. In Cincinnati, the proportion of negroes has risen from ten to twenty per cent. of the total population. As in other large cities, the pressure of coloured families struggling to expand into the less densely populated but traditionally white areas of the city, with consequent but rather irrational changes in property values has led to a good deal of bitterness. Educated negroes also find it hard to obtain suitable jobs, and many become apathetic. One of my technicians is a case in point. He has an M.Sc. degree, and considerable intelligence, but finds it impossible to get a more satisfying job than lab. assistant. "And," he adds bitterly, "if I got a better job, where could I spend the money ? Restrictive covenants prevent me from buying a better home, and I am not admitted to any of the places where money can conveniently be spent." However, it does seem fair to say that times are changing in all but the deep south. An encouraging proportion of the younger generation in Cincinnati favour the total integration of the negro into the white community, and despite the setback in Little Rock, it does seem largely a matter of time before the negro achieves full equality with the white man in most parts of the United States.

The University of Cincinnati is owned by the City, and with an enrolment of some fifteen thousand students is numerically one of the larger institutions of higher learning in the country. However, the number of students on the rolls is a little misleading, for as in many of the mid-western universities nearly half of the students are "working their way through" and only attend lectures at night. Medicine is one of the few faculties that does not permit this practice. Cincinnati claims to be the oldest University west of the Alleghenys. For many years it existed in very cramped quarters near the city centre, but in the early 1930s most of the associated colleges moved about three miles northwards to a very pleasant site about half a mile square on the edge of Burnet Woods, one of the city parks.

Most of the pre-war buildings are in the "colonial" style of architecture, which is well-suited to the woodland setting. Development since the war has been limited to a College of Architecture, a large residential hall for men students, and a basket-ball stadium. These three buildings are very modern in style, but are finished in a red brick which blends quite well with the more traditional buildings. Many of the larger houses surrounding the university are now owned by different fraternities and sororoties. These groups sponsor almost all the social life of the campus, and many students devote a large part of their leisure time—one is tempted to say too large a part—to their fraternity group. Several religious bodies—Episcopal, Methodist and Presbyterian—have also purchased homes near the University, and use these as social and religious centres for students. Other church groups, of which there are about thirteen, meet in different rooms of the large University Y.M.C.A. building. Quite a number of churches sponsor a full-time minister to students. The diversity of student religious life is in distinct contrast with the oecumenical spirit of the English Student Christian Movement and the Inter-varsity Fellowship, and despite the greater interest in religion that is apparent in this part of the United States (churches here are large, with modern well-kept buildings, and number membership in thousands), there is a tendency for individual groups to be small and ineffective. Four of the main student bodies —Methodist, Presbyterian, Disciple and Congregational—are at present negotiating a merger at the national level.

The medical student spends his first three or four years on the main University campus in a general science course. Despite the length of this preliminary period of instruction, the ground covered does not seem much greater than would be expected in the sixth form of a good English school. For instance, if a student wishes to learn about the integral calculus, he must take advanced mathematics, and even then he does not see an integral sign until his second year. Unless they are resident in Cincinnati, students live in one of the halls of residence for their first year. Subsequently, those who have sufficient money usually move to a fraternity house. These charge several hundred dollars a year in membership dues, but membership of one of the better known fraternities seems a necessary part of social acceptance in American society.

Having satisfied the examiners in the general science course, the student transfers to the medical school, which is about a mile from the main campus, and in close proximity to four large hospitals where most of the ward teaching is carried out. The medical school is somewhat smaller than Guy's, the present student enrolment being a little under four hundred. However, the foundations of a new wing have been poured this autumn, and when the building is completed, the student capacity will be considerably increased. In many respects the course does not differ greatly from that followed in the United Kingdom, but one unusual feature in Cincinnati is that the pre-clinical student learns (or is told !) a great deal about Preventive Medicine and Industrial Health (some forty hours are devoted to lectures and seminars, and many all-day visits are made to industrial plants and sanitary institutions). The exceptional interest in this aspect of medical education seems due to the fact that Cincinnati is an important centre of Public Health activity in the United States. A few miles from the medical school is the Robert Taft Sanitary Engineering Centre, a large ten-storey building from which are directed many of the activities of the U.S. Public Health Service. The Occupational Health Field Headquarters of the P.H.S. is also in Cincinnati, while immediately adjacent to the medical school is the Kettering Laboratory of Preventive Medicine and Industrial Health. The Kettering laboratory is one of the larger American post-graduate schools in this specialty, and besides offering advanced work in preventive medicine, it exerts a considerable influence upon the general teaching programme for the undergraduate students.

The lot of the teacher and research worker differs considerably from what one might anticipate in a London school. Some formal lectures are given, but in Preventive Medicine much of the learning is accomplished through panel discussions, three or four members of the staff debating with groups of twenty students questions which they have prepared during the preceding week. Examination papers give the editor of the local *Gazette* little opportunity to criticize grammatical construction. For the undergraduate, almost all are of the multiple-choice type, and the student merely has to fill in a sheet looking somewhat like a coupon from Littlewoods. He is issued with a special pencil, enabling performance to be checked on an electronic computer without the intervention of the teacher. The drawback to this scheme becomes apparent when the post-graduate stage is reached, and

much of the task of thesis supervision is then to teach the students how to phrase their thoughts. Research, also, is a different proposition in the United States. Provided that one can find a generous sponsor, no piece of apparatus is considered too expensive. Our activities in the Department of Preventive Medicine are supported by the U.S. Public Health Service, and over the past six years they have contributed nearly half a million dollars to our air-pollution project, buying such things as an electronic computer and four different types of infra-red gas analysers. Salaries, although not as large as those earned in industry or in a prosperous general practice, seem generous by English standards. A competent research worker can soon earn nine or ten thousand dollars a year. It is difficult to translate this into European currency, since the pattern of living is different in Cincinnati, but it seems to buy about £2,500 worth of goods and rather less in the way of services. The main disadvantage of many American research posts is that there is no promise of continuity. Our current project can be terminated at the end of any financial year by some vagary of Congress, and it means that much useful research time must be devoted to the preparation of attractive "progress reports" in an attempt to avoid this contingency.

So many "frustrated English doctors" have written recently on the desirability of emigration that we also have been led to view this step objectively. The decision would seem to depend upon the philosophy of the individual. Materially, there is everything to commend the United States. Laboratory equipment is infinitely superior, technical help is available on a scale unknown in England, and the domestic standard of living is higher for everyone from bus-drivers to parsons and professors. However, the worship of materialism has its disadvantages. American cities are untidy places, presumably because there is little profit to be gained from keeping them in good order. There are few shops catering to specialist needs because more money can be made from stereotyped dime and department stores. Theatres are largely a thing of the past (except in New York), and serious radio programmes are almost unknown. Any form of individuality is frowned upon, particularly by the younger generation, and there is little respect for tradition in any part of life. It is rare to find a store that has been established for more than twenty years even in a relatively conservative city such as Cincinnati, and the same seems true of many other institutions. Those who enjoy even modest amounts of "culture" and tradition would do well to make their visit a pleasant but also a temporary experience.

NOTICE

GUY'S HOSPITAL LADIES' ASSOCIATION

The Sixty-first Annual General Meeting will take place in the Medical School, Guy's Hospital, S.E.1, on Wednesday, 14th May, at 3 p.m. Mr. J. B. Blaikley, F.R.C.S., F.R.C.O.G., has kindly consented to take the chair.

The Ladies' Association has been given a week at the Roof Gardens of Derry & Toms, Kensington High Street, from Monday, 19th May, until Saturday, the 24th, and will be pleased to welcome Guy's people and friends any time between 9 a.m. and 5 p.m., or 9 a.m. and 1 p.m. on the Saturday.

Sixty Years Ago

From Guy's Hospital Gazette, 7th May, 1898.

The new regulations as to the times of duty, etc., for the nurses and the probationers have now been in operation for three months, and some opinion as to the working of the same can now be formed. The chief points of difference between the old and the new regulations are, that the average time on duty for any nurse is now only nine hours a day, and that head nurses are now allowed, once in every four weeks, to spend a Saturday and Sunday, or Sunday and Monday away from the Hospital. The day nurses now have three-quarters of an hour for dinner instead of half an hour and night nurses have a comfortable meal in the dining hall.

THE USE OF MEGALOMYCIN

IN THE TREATMENT OF CANCER, CORONARY ARTERY DISEASE, LUPUS ERYTHEMATOSUS, WHIPLASH FRACTURE OF THE CERVIX UTERI AND MEGALO'S SYNDROME[1,2]

By I. M. MEGALO[3], I. G. MEGALO[4], J. Y. MEGALO[5], Q. R. S. MEGALO[6], JAMES MEGALO[7], WILLIAM OSLER MEGALO[8], J. VITALE[9], F. X. KELLY[10], WILLIAM PRZEMYSL[11], and T. KUPFERBERG[12].

Introduction.

In previous papers [13-114], [115], I have reported on my previous work with Megalomycin (magic titres, epidemiology of Megalomycin, Megalomycin and psychosomatic thought, head and hæmorrhoid shrinking and Megalomycin, characterology of Megalomycin, urinary and plaster casts of Megalomycin, etc., etc.), and so I will not go over this ground again. Moreover this material has been excellently covered in a recent review[116].

Suffice it to say that I discovered Megalomycin in my backyard one day as I was cleaning it out preparatory to digging a play pen for my son J. Y. Megalo. Had I not seen that mouldering piece of bread and butter that hot August night, the history of medicine might (in all modesty indeed) have been different today.

So (in all modesty) are great discoveries made : " . . . a rag, a bone, a hank of hair . . . "[117].

I immediately ran a series of test cases at the Rin-Tin-Tin Clinic for Stray Rabbits, Welshadale, New South Wales. Four slices of bread and butter thrown in my garden (and teeming with unrefined Megalomycin) were ground up and fed at one-hour intervals to giant rabbits (*Hares Australiensis Giganticorum*, Linnæus). Thirty-nine out of forty rabbits showed complete recovery with no residual tenderness from Chronic Fallen Arches (pedes lopsidicosis of Fabricius). The fortieth rabbit escaped. *There was no toxicity or noticeable side-reaction in any of the* 39 *cases*[120]. However, the first 40 human cases died of acute ventricular fibrillation and fulminating gangrene of the optic chiasma. In addition there was some exacerbation of their brachial condylomata. After many exasperating tests and failures, the toxicity of Megalomycin was reduced to the point where it causes only occasional epigastric distress and mild irreversible agranulocytosis, and possession[122]. Less than 7 out of 41 die and some are but mildly psychotic. A small price indeed to pay for the wonders of modern medicine[124] (if I may so in all modesty).

Method.

Unfortunately space does not permit discussion of the method used in this series[124].

Results.

Megalomycin has proved completely ineffective in cancer, coronary artery disease, lupus erythematosus, swine cholera, whiplash fracture of the cervix colli and "Megalo's Syndrome".

Discussion.

Negative results are also of value[125].

Summary.

In 225,017 cases of cancer, coronary artery disease, lupus erythematosus, whiplash fractures of the cervix (uteri et colli), swine cholera, Megalo's Syndrome, and simulated pediculosis pubis, Megalomycin proved itself "completely ineffective" [126]. Negative results are also of value in medicine.

I. M. MEGALO.

Megalomycin House,
No. 11, The Street of the Tennis Court Oath,
Emporia, Kansas.

References :

1 Address delivered before the 3067th Conference of Palao-Pathologists held in Altamira Cave, Santander, Spain, just yesterday.

[2] Megalo's Syndrome: Rare type of boil with lung carcinoma and associated anencephaly caused by purulent miasma of Ganges River water swamps in the Southern Decca plateau. First discovered by accident by I. G. Megalo in his trip around the world after the Second International Conference on Noxious Miasmas held in Bâle, September 28-29, 1848.

[3] Chief of the Antibiotic Reaction Service of the Lincoln Memorial Hospital, Washington, D.C. (THE SPEAKER).

[4] Assistant Physician.

[5] (My son).

[6] Urology Service, Magellan Institute, South Georgia, Antarctica (University Division).

[7] My father.

[8] Brooklyn, N.Y. Formerly William Osler Professor of the History of Medical Terminology at Pavlov University (now Stateside University), Miami, Kansas. We are particularly grateful to Professor Megalo for his fine EEG work and urine analyses. Present address: Marine Corps (U.S.), Brooklyn, N.Y. (U.S.).

[9] Supplied the water. (Staats-Universitat, Alte-Mejico Schule fur Wuste Medizin). Editor: *Primitive Medicine.*

[10] Navigator.

[11] Now unemployed.

[12] I forget who he was. (I think he may have brought the requests for reprints cards to the post office.)

[13-114] See: [115].

[115] 13-114 not listed for lack of space. However, author will send a handsome bound volume of the above reprints to the first one thousand doctors sending their request. (Use *your* institutional stationery please.)

[116] "Megalomycin and What It Means To Me", by I. M. Megalo, *Annals of External Medicine*, V. 10784, p. 1, 1912.

[117] As you may recall, had it not been for my son, then only 37 and a 2nd year medical student at the time who (in spite of my many warnings about "germs") reached into the ash can for that mouldy piece of orange rind, the history of medicine might (in all modesty) indeed have been different. For as we all know now, my son, who had been suffering from a racing coryza, awoke the next day for classes feeling so well that he even attended a lecture on Public Health[118].

[118] The details of this and other stories are given in my "Megalomycin and What It Means To You", *Archives of External Medicine.* V. 7, p. 7, 1797[119].

[119] This date is obviously in error. The date meant is undoubtedly 1977. (*Authors' note*).

[120] The 40th rabbit escaped and is therefore not included in the statistical analyses[121].

[121] This escape is not statistically significant (No chi squares). It was therefore decided to try it on humans.

[122] Early 19th century medicine scoffed at "possession" but the anti-Freudian group (the so-called "Eclectric" Movement) which arose soon after Freud's death (1925) soon put an end to that. See our bibliography: No. 13-114[123].

[123] Unfortunately space does not permit us to reprint this bibliography However, to the first 100 *physicians* sending in their request, a well bound autographed book containing these reprints will be mailed.

[124] See my articles, items 13-114, a bound volume of which will be mailed to anyone.

[125, 127] Please see my bibliography: 13-114.

[126] Perhaps not statistically significant since maybe not enough cases were available for trial and there was no chi square.

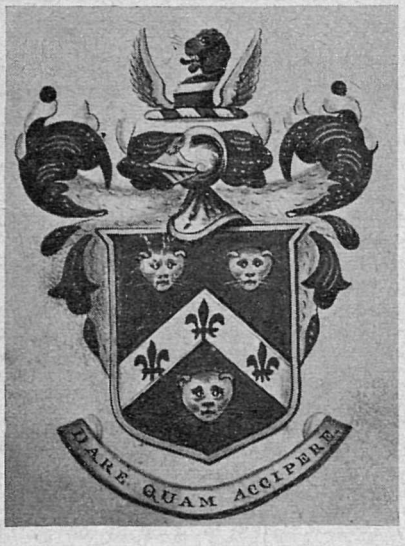
NOTE.—*The views expressed in the above article do not necessarily coincide with those of the Editors of the Gazette.*

ARMS OF THE GUY FAMILY

By H. St. JOHN RUMSEY, M.A.

The article on Guy's Hospital Arms published on 15th February, 1958, brought a letter from Mr. John G. Spiller, L.D.S.R.C.S., inclosing a cognac bottle label—"Joseph Guy Cognaci St. Même, Charente, France", and displaying arms resembling those of the Hospital in general design but differing in tints and details. Unfortunately the label is so badly printed that it was impossible to be sure what was the intention of the artist. With the help of the French Embassy and after a delay of two months I had an answer to my letters giving some interesting information.

Joseph Baxter Anderson Guy, son of Thomas Guy and Mary Clarkson was born in 1848 at Kingston-upon-Hull, Yorkshire. At the age of 20 Joseph settled in France where he learnt the trade of brandy distilling. He married at Angoulême in 1878, Valentine Rivaud; of this marriage there were seven children, three sons and four daughters. Charles Guy who was killed in 1914, left a son, Charles, now in Canada. The other sons were Joseph (presumably the eldest) and Ferdinand and the daughters were Anne, Marie-Valerie, Marie-Denise and Elizabeth whose husband Monsieur Michel Deloffre sent me these notes.



Joseph Guy, who died in 1897, had created in 1895 a brand of Cognac in the name Joseph Guy and displayed his arms on the bottle label. Monsieur Deloffre very kindly lent me a very clear drawing of the arms of the Guy Family, which is shown here, together with the blazon which has the appearance of being written between 1800 and 1820; it reads as follows: Azure, on a chevron Argent, between three leopards' faces, or, as many fleurs-de-lis, Gules. CREST—A lion's head, Azure, collared, Argent, between two wings expanded, Or.

Comparison of these arms with those of the Hospital shows that although they are similar in general composition, every tint has been changed and our leopards have been given Eastern crowns.

In the "Royal Crest Book" which is more reliable as a guide to engraving and die-sinking than to genealogical research, we read: "Guy, Northants & Wilts—Between two wings, Or, a lion's head, Azure, collared, Argent. This is identical with the crest shown in our illustration. Another family of Guy is credited with—A man's bearded face, crowned with an antique crown, Or, with the motto—"Dare quam Accipere". Two interesting facts, first that our motto has been used by a family before we took it into use for the Hospital, secondly, the crowning of the bearded man, which may be reflected in the crowning of our leopards.

On 15th February, there was also quoted a note by Dr. Anthony Wagner in which he stated—"Thomas Guy does not appear to have been entitled to Arms in his life time, the present Hospital Arms being based on those of a family of Guy in the 16th century, from whom it would seem that Thomas Guy must have believed he had some descent, though he could not prove it".

It would seem almost certain that the Arms shown in this issue are the original Arms of the Guy Family to which Thomas Guy was not able to prove his claim because he could not prove his descent, and that his executors were offered and accepted the "differenced" arms which we have the authority to use.

The County Histories give no consistent story or pedigree of the Guys, but Berry's Sussex Genealogies tell us of William Guy a surgeon of Chichester, who

was buried in 1825 in the Cathedral. His son, Francis, also a surgeon, was buried in the Cathedral in 1821. A younger son, William Guy, also a surgeon of Chichester, was born c. 1781. He was twice married; by his first wife, Margaret Amos, he had a son, William Augustus born c. 1810; by his second marriage to Martha Pescott, he had a son Thomas Guy, born c. 1819, who became Inspector General of Army Hospitals; he married Frances Maria Edwards in 1843, and so comes into a picture of Baddesley Clinton, a hamlet in the hundred of Hemlingford, Warwick.

Guy's men on holiday in France who may feel an urge to satisfy a wish to know more of the Hospital Arms and at the same time a natural thirst, will be glad to know that Joseph Guy cognac is still being sold but the firm being a very small one it is strictly local and an enquiry in Paris would meet with no satisfactory answer. The French Embassy has given the exact address: "Viroflay," St. Même-les-Carrières, Charente, France.

THE FIRM ACROSS THE ROAD

A CHRONOLOGICAL HISTORY OF THE FIRM OF DOWN BROS. AND MAYER & PHELPS, LTD.

This firm of surgical instrument manufacturers in the Borough came into existence in the early part of the nineteenth century when a craftsman by the name of Millikin had a small shop in Southwark Street, and he was appointed Instrument Maker to Guy's Hospital, and regularly attended in the operation theatre to take his instructions from the surgeons of those days.

Upon his death, his son took over No. 3, St. Thomas's Street, as a surgical instrument maker, the premises having previously been occupied by another instrument maker named Durrock.

In 1879, Arthur W. Down (born 1853), eldest son of Dr. George Down of Kennington, went into partnership with Millikin, and traded for the next four years as Millikin & Down. He then bought out Millikin, and two years later took into partnership his brother Hubert, and the business was re-named "Down Bros."

In 1888, with the business expanding, Down Bros. obtained a lease of Nos. 5 and 7, St. Thomas's Street (relinquishing No. 3), and in 1892 premises were acquired in King's Head Yard, and these were used for the actual manufacture of instruments until the opening of a new factory in Tabard Street towards the end of 1918 (the King's Head Yard premises were only recently sold to the Governors of Guy's Hospital).

In 1896, larger showrooms and offices becoming necessary, the firm moved to No. 21, St. Thomas's Street, and in 1902 the business was converted into a Private Limited Company, with a third brother, Sidney, joining his elder brothers Arthur and Hubert as the first Governing Directors.

In 1908, the firm acquired the lease of No. 23, St. Thomas's Street, and the showrooms were considerably enlarged, particularly to display Aseptic Hospital Furniture and Sterilization Apparatus, Down Bros. being pioneers in this country for the manufacture of such equipment. The Company continued to flourish, and absorbed a number of small manufacturers, and in 1935 opened a branch establishment in Toronto, Canada.

On the night of 29th December, 1940, German raiders dropped a number of incendiary bombs in the Borough, and unfortunately the premises occupied by the firm were completely destroyed. Nothing daunted however, business continued to function, using for several months the premises in King's Head Yard, and the basement shelter at the factory in Tabard Street.

In May, 1941, the Company acquired what had been a private hotel in Croydon, and carried on there in very cramped circumstances for nine years.

During 1945-6, the firm of Down Bros. Ltd., amalgamated with another very old-established Company, Messrs. Mayer & Phelps, Ltd., and the showrooms known as "Chiron House", at 32/34, New Cavendish Street have, since that time, been used by the amalgamated Companies, now trading under the name of "Down Bros. and Mayer & Phelps, Ltd."

In 1950, having bought premises at 92/94, Borough High Street, the head-quarters were brought back to London, and about the same time they purchased the old White Hart Inn (long since closed as a licensed house), and the Company felt that they had plenty of room for further expansion. However, they soon

outgrew the Arthur Down House (92/94, Borough High Street), and decided, when it became possible, to move the headquarters away from the centre of London. They were fortunate enough to obtain a long lease of premises at Mitcham, where a considerable amount of building has taken place, and all personnel from the three establishments in the Borough—92/94, Borough High Street, King's Head Yard and White Hart Inn, were transferred to Mitcham, together with craftsmen employed in the manufacture of operation tables, theatre equipment and sterilizers, these all being housed in a modern single floor, warehouse, offices and factory, on the site at Mitcham.

The staff at Guy's Hospital will be glad to know that this old-established Company has now acquired showrooms on its old site, No. 21, St. Thomas's Street, exactly opposite the gates of the Hospital quadrangle.

REVIEWS

Emotional Conflict. By PETER FLETCHER. Pan Books. *Price* 2*s.* 6*d.*

This book sets out to show the reader that in everyday life "fear in the absence of danger" is unnecessary. Shyness, human respect and feelings of inadequacy are discussed in an easy style, and a wide range of situations dealt with, though in some instances generalizations tend to obscure the issue. The author evidently considers the orthodox Christian outlook to be of some value but doubtful validity.

A.S.

CORRIGENDUM

Handbook of Histopathological Technique (*including Museum Technique*). By C. F. A. CULLING.

The review of this book published on 26th April, 1958, contained a misprint. The relevant passage should have read:—

". . . Walton and Ricketts (1954), who drew attention to the importance of the number *and* dissociation characteristics of the acidic radicles of the metachromatic substance."

DO YOU SAIL?

The Sailing Season has begun again. Guy's men and women are trekking to Burnham-on-Crouch for their weekend sport, and the usual full programme of racing and cruising is in full swing. The anchorage is full of newly-launched boats, fresh paint glitters everywhere, and even the weather seems to be improving. Sailing is a growing sport, and if you are an enthusiast yourself you will know the reason why.

If you have never been to Burnham you may like to know how things are arranged there. Guy's is affiliated to the United Hospitals' Sailing Club, which has premises and boats used by upwards of two hundred members, from all the London Hospitals. We own ten boats, seven of which are 12 square metre Sharpies. One of them can be seen in the photograph. These boats are fast and exciting, and are of the type used in the last Olympic Games. During the season, a series of Inter-Hospital races are sailed on Saturdays, and by the time you read this article I hope that John Barker will have steered the Guy's boat to victory in the first of them. Apart from these very serious affairs, the remainder of each weekend is devoted to cruising on the extensive waters of the estuary, teaching novices to sail, sun-bathing, drinking beer, falling in the river, and generally purging ourselves of Southwark smog.

In addition, each hospital organizes a Regatta at some stage in the season. Guy's Regatta is early this year, on May 19th-20th, to enable more people to take part. The general idea is to get as many people on the water as possible, especially new-comers to the Club. Lady Ogilvie has presented us with a fine cup, and this will be awarded to the winner of a race sailed on 19th May. Apart from this one semi-serious event, the Regatta will be spent in teaching people to sail. We anticipate a party of forty or so at Burnham during these two days, and with some co-operation from the weather, we look forward to a really first class holiday in the fresh air. The Club Steward will practice his usual haute cuisine (calorie-conscious ladies, beware) and those of us who have sailed at Burnham before, know all about the pleasant riverside pubs which are worth a voyage with a picnic lunch aboard. I fancy the landlords are already laying in supplies. If you are

toying with the idea of starting to sail, I cannot think of a better way to begin than to come to the Hospital Regatta.

We pride ourselves on being one of the cheapest Sailing Clubs in the country,

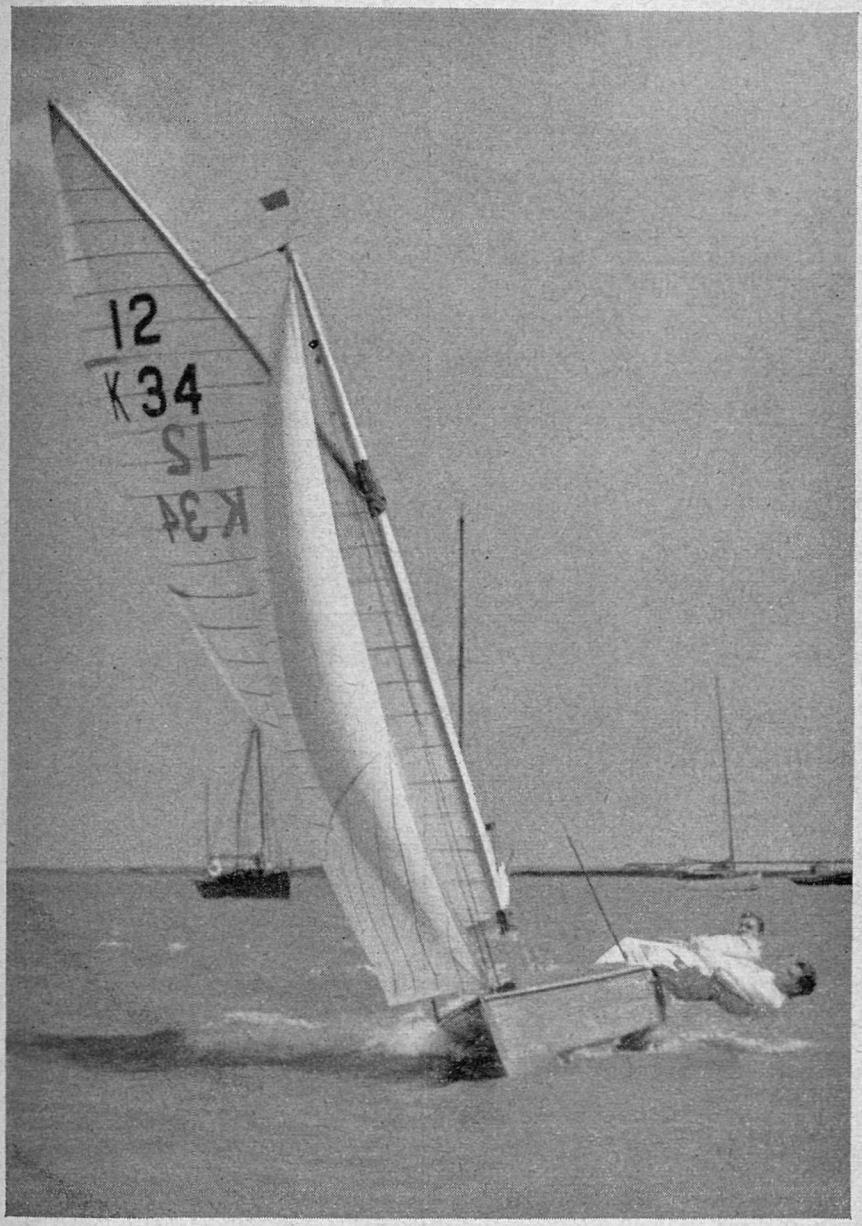


Photo by courtesy of [*Royal Dental Hospital S.C.*

and although some members may feel that they would almost be prepared to pay an extra five bob a year just to have softer mattresses on the bunks, by and larg it's very good value. Why don't you try it ?

J.J.M.

I suppose the clever Transport bosses
To fill the time and cut their losses
Are busy thinking up devices
To explain away a rise in prices.

C.

SPORT

ATHLETICS

Guy's opened the 1958 season with an evening fixture at Fenners against Emmanuel College, Cambridge. This new and very enjoyable venture resulted in an encouraging win for Guy's.

The performances of the freshers indicates that the club will be one of the strongest in the University for many years to come.

RESULTS

100 *yards:* 1st Evans (G.), 2nd Juniper (G.), 3rd Wheelhouse (E.), 10.7 sec.
220 *yards:* 1st Juniper (G.), 2nd Mills (E.), 3rd Woodley (E.), 24.0 sec.
440 *yards:* 1st Cowey (E.), 2nd Korvin (G.), 3rd Boathly (G.), 52.5 sec.
880 *yards:* 1st Cowey (E.), 2nd Korvin (G.), 3rd Newton (E.), 2 min, 0.3 sec.
1 *mile:* 1st Harper (G.), 2nd Cameron (E.), 3rd Jamieson (E.), 4 min. 42.6 sec.
2 *miles:* 1st Stevens (E.), 2nd Rickett (G.), 3rd Davis (G.), 10 min. 14.0 sec.
120 *Hurdles:* 1st Hildreth (G.), 2nd Notley (G.), 3rd Whittle (E.), 16.0 sec.
220 *Hurdles:* 1st Hildreth (G.), 2nd Woodley (E.), 3rd Watson (E.), 26.0 sec.
High Jump: 1st Whittle (E.), 2nd Robertson (G.), 3rd Auckland (E.), 5 ft. 6 ins.
Long Jump: 1st Gibb (G.), 2nd Perett (E.), 3rd Wheelhouse (E.), 20 ft. 10 ins.
Triple Jump: 1st Gibb (G.), 2nd Wheelhouse (E.), 3rd Woodley (E.), 38 ft. 8 ins.
Discus: 1st Watson (E.), 2nd Edwards (G.), 3rd Carrath (E.), 161 ft.
Shot: 1st Jaworski (G.), 2nd Owen (E.), 3rd Edwards (G.), 35 ft. 6 ins.

Guy's 80 points.
Emmanuel 71 points.

Five Guy's athletes gained places in the London University team as a result of the trials held on 26th April.

R. Huddy—880 yards.
C. C. Korvin—880 yards.
D. E. Williams—Long Jump.
Triple Jump.
D. H. Gibb—Long Jump..
G. M. Edwards—Pole Vault.
Javelin.

LADIES' TENNIS CLUB

In the match played on Saturday, 3rd May, at H.O.P., Guy's lost to St. Thomas's by 4 matches to 5.

Results

J. Ransome-Wallis and J. Hall, Won 2, Lost 1.
P. Cave and K. Allsopp, Won 2, Lost 1.
M. MacKeith and A. Poskitt, Lost 3.

In the U.H. Cup, Guy's meet St. Mary's, who beat St. Thomas's in the final last year, on 21st May.

HOSPITAL INFORMATION

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Medical Registrar** (S.H.O. grade) for the period 1st June to 30th September, 1958.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **15th May, 1958.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following vacancies on the Junior Staff of the Hospital for the year starting 1st October, 1958. Appointment will be for one year, except for the posts of Senior Registrar under the Exchange Scheme, which are marked with an asterisk and fuller details are given below.

Forms of application are obtainable from, and should be lodged with, the Superintendent not later than **26th May, 1958.**

Anaesthetics
Senior Registrars 2
2 Registrars (including one at New Cross) 2
Child Health
Senior Registar. 1
Registrar (Evelina Hospital) 1
Clinical Pathology
Senior Registrar* 1
Registrars 2
Dermatology
Senior Registrar 1
Registrar (P/T) 1
Diagnostic Radiology
Registrars 2
Trainee Registrar 1
Genito-Urinary Surgery
Registrar 1
E.N.T. Surgery
Registrar 1
Medicine
Senior Registrar* 1
Registrars 2
Junior Registrars 3
Neurology
Senior Registrar 1
Registrar 1
Obstetrics
Senior Registrar* 1
Registrar 1
Ophthalmology
Registrars (P/T) 3
Orthopaedics
Senior Registrar* 1
Registrar 1
Physical Medicine
Senior Registrar* 1
Registrar 1
Psychological Medicine
Senior Registrar* 1
Registrars 3
Radiotherapy
Registrar 1
Surgery
Senior Registrars** 2
Registrar 1
Thoracic Surgery
Senior Registrar 1
Endocrinology and Radio-isotopes
Registrar 1

*Exchange Scheme.

Clinical Pathology
1st and 4th years Guy's, 2nd and 3rd Lewisham Group.
Medicine
1st, 2nd and 4th years Guy's, 3rd year Bromley Group.
Obstetrics
1st and 4th years Guy's, 2nd and 3rd Bromley Group.

Orthopaedics
1st and 4th years Guy's, 2nd and 3rd Medway and Gravesend Group.
Physical Medicine
1st and 4th years Guy's, 2nd and 3rd Orpington and Sevenoaks and Bromley Groups.
Psychological Medicine
1st and 4th years Guy's, 2nd and 3rd Bexley Group.
Surgery
1. 1st, 2nd and 4th years Guy's, 3rd year Bermondsey and Southwark Group.
2. 1st and 4th years Guy's, 2nd and 3rd years South-East Kent Group.

Applications are invited for the following vacancies on the Junior Staff of the Medical School for the year starting 1st October, 1958. Appointment will be for one year unless otherwise stated.

Forms of application are obtainable from, and should be lodged with, the Dean, not later than **26th May, 1958.**

Anatomy
Junior Lecturers (whole-time) 3
Junior Lecturer (part-time) 1
Medicine
Senior Assistant to Director 1
Senior Assistant (Research) to Director .. 1
Tutor in charge of the Preliminary Clinical Period Class (Appointment from 16.10.58) 1
Morbid Anatomy and Histology
Junior Lecturers 2
Gull Student 1
Obstetrics
Assistant to Director 1
Physiology
Junior Lecturers 2
Student Health Service
Assistant to Director (part-time) 1
Surgery
Junior Assistant (Research) to Director .. 1

APPOINTMENTS

GUY'S HOSPITAL, S.E.1

The following Dental House Surgeon appointments have been made by the House Committee, for the period May 8th to November 7th, 1958:
General Duties: Mr. J. Stott, Mr. H. J. Leake, Mr. D. F. Howard.
Resident: Mr. S. J. Lubbock.
Children's Department: Mr. M. L. Brenchley.

UNITED OXFORD HOSPITALS

Oral and Maxillo-Facial Surgeon
D. S. Hayton-Williams

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Fellowship

Air Vice-Marshal John Conrad Neely has been elected fellow of the College without examination as being medical practitioner of 20 years standing.

CONJOINT BOARD

L.R.C.P., M.R.C.S.
Final Examination
April, 1958
Pathology

J. G. Allardice
F. T. Brough
W. D. Callum
J. S. Cameron
D. R. Edbrooke
J. Farmer
A. Gooding
R. S. Greenwood
*K. C. Hammond
*M. Hopwood
M. J. S. Langman
J. P. Lee Potter
L. A. Lees
B. W. Maitland
R. Marks
S. G. Moisey
K. A. Olafimihan
J. T. Outred
B. Pitt Payne
J. N. Powell
R. J. Read
A. B. Richards
B. R. T. Smith

Surgery

*L. A. Emanuel
*K. C. Hammond
*J. S. G. Hayes
*K. G. Korsah
*M. Lindsey
*A. B. Morphy
P. G. Parry
*H. P. Rikard Bell

Midwifery

M. H. Brooke
F. T. Brough
J. S. Cameron
G. M. Davies
J. Farmer
R. S. Greenwood
R. T. Hawley
*A. B. Hewitt
M. J. S. Langman
M. I. Leckie
L. A. Lees
A. J. Macfarlane
C. M. Maddox
R. Marks
I. S. Muir
A. B. Richards
D. J. Richards
Ann E. R. Welch
S. A. Wamuo

Medicine

R. C. Bret Day
M. H. Brooke
M. F. H. Bush
W. D. Callum
I. G. Christie
P. W. Clements
G. M. Davies
D. R. Edbrooke
A. Kenyon
L. Kwasny
M. J. S. Langman
J. P. Lee Potter
R. Marks
I. S. Muir
J. T. Outred
J. N. Powell
R. J. Read
A. B. Richards
B. R. T. Smith
A. J. Taylor

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
April, 1958

Surgery

*J. R. Carling

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

R. G. Hornung
H. Hunt

Medicine

H. Hunt

*Has completed the examination.

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

March, 1958

Betty J. Allen
Kathleen M. Allsopp
Alexandra L. H. Barber
D. J. P. Barker
E. Barker
J. P. Barker
M. S. Bell
A. C. Bird
C. G. Bird
M. E. Blacklee
Mavis A. Bonnard
A. G. Boohene
S. S. Brook
W. Bunting
G. E. Conn
W. S. C. Cox
J. N. Crossley
D. G. Daniel
P. G. J. Dobson
P. J. Doust
C. V. Everard
J. M. Forsythe
A. F. Gazdar
J. A. Hanne
I. W. Hanwell
J. C. Harding
N. A. P. L. Harper
Penelope B. Hewitt
Tessa Holman
L. A. Hurt
Anne B. Kenshole
Penelope J. Key
I. Khorram
Heather Lachlan
W. A. Landers
L. M. Li Saw Hee
Mary B. MacKeith
Micheline M. E. Maher
J. K. C. Maile
Rosemary R. Norton
J. A. Ogyaadu
J. E. Oliver
M. C. Pietroni
Margaret N. R. Pitt
W. E. M. Pryse-Phillips
M. C. Rallings
M. A. B. Sneary
T. N. Stanbridge
R. Stilwell
M. A. S. Stoby
N. Stoddart
J. G. B. Thurston
J. P. Vaughan
W. A. Wallbank
R. O. Weller
G. P. Williams
P. J. Winter
R. J. Worden
E. Young

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

April, *1958*

H. Cannell	P. H. Morse
Annette L. Chapman	K. A. Robertson
M. J. Downing	D. A. B. Shakerley
Ellen Dybing	W. L. Wiseman

NURSING NEWS

The following changes have taken place amongst the Nursing Staff.

Promotion:

Sister J. R. Tanner to *First Assistant Matron.*

Left:

Sister B. I. Jones, *Evelina.*
S/N R. M. Turner.

Entered:

Sister A. L. Perkins as *Second Assistant Matron.*
Sister J. Shaw to *Caleb.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

EDINBURGH VISITORS. Very comfortable accommodation in quiet, best residential area. Central. Bed and breakfast, evening meal by arrangement. Bedrooms with h. and c., electric blankets and fires. Mrs. Jack, 39, Lauder Road, Edinburgh, 9. (Tel. 42887).

FRENCH GIRL (16) seeks job "au pair", July 14th-August 30th. Exchange visit in France if required.

FRENCH BOY (16) seeks job as above. Box No. 140.

For Sale

INDEX 1957 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4*s.* 6*d.* each.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

HISTORY OF GUY'S reduced to clear 5*s.* each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Ackner, Brian and another. The Effects of Repeated Stimuli upon EEG and Vasomotor Activity During Sleep in Man. *Brain*, 1958, **81**, 64.

Blumenthal, C. J. A Surgical Procedure for the Relief of Vitreous Opacities ('Floaters'). *Sth. Afr. med. J.*, 1958, **32**, 296.

Burn, J. H. and another. Noradrenaline in Artery Walls and its Dispersal by Reserpine. *Brit. med. J.*, 1958, i, 903.

Clarke, C. A. Genetics and Clinical Medicine. *Med. Pr.*, 1958, **239**, 410.

Currie, J. A. As Others See Us. *Sth. Afr. med. J.*, 1958, **32**, 300.

Douthwaite, A. H. and Hunt, J.N. Effect of "Nacton" in Patients with Duodenal Ulcer. *Brit. med. J.*, 1958, i, 1030.

Dowling, G. B. Bullous Eruptions of the Skin. *Practitioner*, 1958, **180**, 523.

Engel, C. E. Present-Day Materials for Infra-Red Photography. *Med. biol. illus.*, 1958, **8**, 89.

Falconer, Murray A. and another. Visual Field Changes Following Anterior Temporal Lobectomy: Their Significance in Relation to "Meyer's Loop" of the Optic Radiation. *Brain*, 1958, **81**, 1.

Hankey, George T. Some Observations on Costen's Mandibular Syndrome: Including a Review of 100 out of 500 Cases. *Proc. R. Soc. Med.*, 1958, **51**, 225.

Holmes, J. M. A Safe Method of Kielland's Forceps Delivery. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 310.

Lorber, John and another. Malignant Haemangioendotheliomata Simulating Miliary Tuberculosis and Neuroblastoma of the Adrenal. *Proc. R. Soc. Med.*, 1951, **51**, 288.

Mayer, J. H. and others. Osteoarthritis of the Knee. Treatment by Local Injection of Salicylate Compounds. *Brit. med. J.*, 1958, i, 1040.

Mill, W. A. Presenting Symptoms and Signs of Malignant Disease of the Upper Respiratory Tract. *Practitioner*, 1958, **180**, 586.

Parker, R. A. and another. The Nature of Paget's Disease of the Vulva. A Study of Two Cases, One with and One without Underlying Carcinoma. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 284.

CHANGES OF ADDRESS

R. E. Barber, B.D.S., L.D.S., 4829, Delta Street, Ladner, B.C., Canada.

K. O. Parsons, M.C., F.R.C.S., "Penlee", Tregony, Truro, Cornwall.

R. J. Saunders, L.D.S.R.C.S., 34, Glenmoor Road, Winton, Bournemouth, Hants. (Tel. Winton 1990).

John S. M. Zorab, M.R.C.S., L.R.C.P., 27, Trinity Church Square, London, S.E.1. (Tel. Hop 0627).

BIRTH

MORGAN.—On 22nd April, 1958, at Middlesbrough, to Verity (née Eminson), wife of John K. Morgan, M.R.C.P., a son.

MARRIAGE

SNAITH—CHALMERS.—On 12th April, 1958, at Southwark Cathedral, Philip Snaith, M.B., B.S., to Mary Chalmers, S.R.N.

DEATH

RAKE.—On 20th April, 1958, Geoffrey William Rake, Research Professor, University of Pennsylvania, Philadelphia, U.S.A.

EDS. { J.A.W. / T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1822 *24th May* 1958 *One Shilling*

PASSIM

THOSE of us who follow the building of New Guy's House as occasional spectators, or as readers of such small reports of progress as are possible in *Passim*, must all have wondered to what extent the task is cut-and-dried, once it has commenced; and how the day-by-day exercise of control is maintained. The concept of an eleven-floor building on what was a derelict bomb-site was exciting in September, when Mr. Lees Read and Mr. Gray described their joint plan of campaign. The impression of loftiness already given by the skeleton of two floors adds to the sense of being at Guy's in what must be among the most important years in its history. Such an undertaking calls for foresight and co-ordination of an almost superhuman degree, and we marvel at the amount of work which is being done by Mr. Lees Read and Mr. Burfoot, and by the Building Committee, remembering that the Hospital as we already know it insists on being administered daily, building or no building. Again and again there is the unforeseeable to deal with, and Mr. Lees Read in this issue shows with what resilience even the most unexpected hitches are being turned to good account. Three years is set as the time before the building will be used, but the frame will have its roof this year, to give us an impression of what is to come; and we note with great pleasure that Lord Nuffield has accepted the Governors' invitation to lay the Foundation Stone in the entrance hall, on September 19th. Meanwhile, more and more pieces of the jigsaw will be decided upon and fitted in. Mr. Lees Read's recent visit to America has already borne fruit, for he has been able to recommend, from his experience in the U.S.A., several points in the laying of floor tiling, a practical curtain-runner for the wards, and guard rails in lifts to preserve the panelling from trolleys, among other important items. Particular attention is being paid to the colour schemes to be employed; a point which is of the greatest interest, but has always until now been rather half-heartedly tackled on this side of the Atlantic. Perhaps we may hope to see no more of those purple blankets which a Guy's physician has described as "sepulchral" ? The colour scheme which requires them defies imagination. It is good to know that the Lamson Paragon pneumatic tube is to cross Great Maze Pond, to the departments which would otherwise demand so many long treks by students and nurses with specimens, notes, prescriptions and other impedimenta. New Guy's House is being built very much as part of the Hospital,

and will have an excellent interdependence with the existing buildings. Meanwhile, as work proceeds, we are confident that Guy's House itself will not be forgotten, and that its evacuation will be swiftly followed by active steps to preserve the character, and as far as possible the fabric, of this amiable building.

Great Maze Pond was closed to vehicular traffic on 19th May, for a period expected to be about six weeks, to allow the completion of the subway between Hunt's House and New Guy's House. Readers are reminded that the College and the War Memorial Gate may therefore be approached by car only from St. Thomas's Street, and Front Surgery only from Snowsfields.

On 10th May, the British Medical Students' Association organized a conference of Editors of medical students' journals. Although the *Gazette* is not a students' journal, but a journal serving the whole Hospital, we learned a great deal from meeting, at B.M.A. House, the Editors of the magazines of most of the teaching hospitals and medical schools in the country. The Editor of *The Lancet*, Dr. T. F. Fox, spoke on "Editing", and problems of content, circulation and printing were among those discussed. We were delighted to meet a Guy's man, Dr. Ian Munro, who is Assistant Editor of *The Lancet*, at the excellent dinner given by Dr. Fox. The *Gazette* is unique in several ways, as we realized during the day. The circulation of 5,000 copies each fortnight compares with a next best of 2,000 copies five times a year, and with an average of 1,000-1,500 copies three times a year. No other journal represented appeared more than eight times in one year, while each of the twenty-six *Gazettes* contains as much material as most of the quarterly journals.

Surviving curious glances from some of the two hundred and fifty ladies present, we enjoyed, some days ago, the annual meeting of the Guy's Nurses' Guild. After a short service in the Chapel, at which the Bishop of Southwark preached, the meeting took place in the packed Physiology Theatre, where among other business Miss MacManus was installed as President of the Guild, amid warm applause. Matron, in her speech, paid tribute to Mr. Doherty, and asked Mrs. Doherty to convey to him the best wishes of the Guild. We understand that so many Guy's nurses want to attend these reunions that a cocktail party has been arranged for October, as a further opportunity for meeting old friends.

A noteworthy new venture in the Hospital recently is the Quodlibet Society, whose aims and doings are reported in this issue; we wish it every success. Meanwhile, *Pulse* is again an established fact. We shall notice it in detail when the second issue has appeared, in the preparation of which we wish the Editors good luck and the aid of the Muses.

After three years of intensive research and a properly conducted clinical trial, a new Guy's product is now in regular use in the Hospital. This is a new drink; cool, refreshing "Guysade" ! Dr. M. C. Joseph, of the Department of Child Health, suggested the idea to Mr. Izzard, of the Dispensary, and after exhaustive tests they hit upon a formula which more than held its own in a trial with a proprietary drink, when the patients of *Diplock* and *Addison* were given a choice of the two. At first labelled "Lemon Cordial G.H.", it is to be known as Guysade, and is already saving the Hospital several hundred pounds a year.

Automation progressed further recently, when Mr. Lawrie used a remote control to change the slides illustrating an Applied Anatomy lecture. Mr. Engels, of the Medical Illustration Department, installed the machine to the accompaniment of intrigued comments. If it comes to stay, we shall miss the light relief afforded by the glorious inevitability with which pictures appear upside down, or occasionally back-to-front. There remains an element of drama, however, in the irrevocability of pressing the button, as a slide once sent on its way is consigned to some dark Valhalla from which there is no returning.

At the first International Hospital Equipment and Medical Services Exhibition, held at Olympia earlier this month, Guy's was represented by two urbane gentlemen selling cardiac beds, whose last public appearance had been on the stage in Out-Patients Hall on Boxing Day, when they were attired in Tubegauz. Seven intrepid Guy's men took part in last week's London to Brighton walk, and we can say that of the five who finished, one bore a remarkable likeness to one of the Olympia salesmen. It is plain that medicine and cricket cannot be their sole pursuits this summer, and we await their next move with interest and respect.

When we were very young, we read in the *Gazette* that there were weighty reasons why there should be no flashing lights in the College reading room, in spite of many requests for them. We have never agreed with those who say that it is more relaxing not to know whether one is wanted or not, and we hail as long-awaited friends the bright new bulbs which now beckon from the door.

We look forward with pleasure to the Guy's Sports Day at Honor Oak Park, on Saturday, 31st May, which Mr. Tomkinson and the club captain, Mr. Notley, announced in the *Gazette* of 26th April. This occasion was most enjoyable last year, and a large assembly of friends and families is again expected to accompany Guy's men and women in watching and competing in the events, listening to the band and enjoying the side-shows.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *The Testicle.*
24th	S		The Clinico-Pathological Meeting has been cancelled.
30th	F	5.00	Fison Memorial Lecture. Dr. Hugh B. Cott. *Protective Coloration in Animals.* Physiology Theatre.
JUNE			Exhibition. Department of Surgery. *Head Injuries.*
2nd	M	1.00	Dr. A. C. Hampson. Clinical Lecture. *Enteric Fever.*
3rd	T	1.00	Mr. G. Blackburn. Clinical Lecture. *Surgical Aspects of Peptic Ulceration.*
		1.00	Mr. F. S. Warner. Dental Clinical Lecture.
5th	Th	1.00	Professor M. A. Rushton. Clinical Lecture. *Abnormal Appearances of the Tongue.*
6th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
9th	M	1.00	Dr. Howard B. Burchell, M.D. (Mayo Clinic, U.S.A.). Clinical Lecture. *Current Cardiac Research at the Mayo Clinic.*

NOTICES

FISON MEMORIAL LECTURE

The Fison Memorial Lecture will be delivered by Dr. Hugh B. Cott on "Protective Coloration in Animals", in the Physiology Lecture Theatre, Guy's Hospital Medical School, on Friday, 30th May, 1958, at 5 p.m. Tickets are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

ART and PHOTOGRAPHY EXHIBITION, 1958

Lord Cunliffe, the Chairman of the Board of Governors, has kindly consented to open the Exhibition at **12.30 p.m., on Monday, 2nd June, in the Gordon Museum.** All interested are invited to attend.

Potential exhibitors are reminded that all work should be taken to the **Dept. of Medical Illustration,** in the week commencing **Monday, 26th May.**

Posters advertising other details can be seen around the Hospital.

RIVER BOAT DANCE

The Students' Union River Boat Dance will be held on Friday, 30th May, leaving Westminster Pier at 7 p.m. Double tickets, price 25*s.*, are available from the Medical School Office. There will be a buffet and bar on board. Evening Dress.

Sixty Years Ago

From Guy's Hospital Gazette, 21st May, 1898.

On Thursday, 19th May, at Hawarden Castle, the Rt. Hon. William Ewart Gladstone aged 89.

By the death of Mr. Gladstone, Guy's Hospital loses its Senior Governor. He became a Governor in 1835, and ever since that time, practically during the whole of his life, he was intimately connected with the welfare of the Hospital. His last great act for the good of Guy's was to write in October, 1895, a public appeal for funds.

The last time Mr. Gladstone visited Guy's was in 1889, when he came down to open the College, and no doubt most Guy's men know the familiar photograph of him standing in the doorway with Dr. Perry. But in his earlier days he was a much more frequent visitor, as was also Mrs. Gladstone, who might often have been seen visiting the wards. It is an interesting fact also, and perhaps not generally known, that his daughter, Miss Helen Gladstone, was taught pharmacy in the Hospital Dispensary.

THE REBUILDING OF GUY'S—II

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A.,
Clerk to the Governors

IN the article under the above heading which appeared in the *Guy's Gazette* on 14th September, 1957, it was stated that all necessary permissions had been obtained and that the contractors had actually commenced work on site clearance and preparation on the 26th August, 1957. Subsequent to this it was agreed that a period of 156 weeks should be allowed for the completion of the building and that the date for the commencement of this period was to be 1st October, 1957. The building is due to be handed over to the Hospital therefore on the 1st October, 1960. After sixteen years of negotiation for the purchase of various portions of the site, during twelve of which there were seemingly endless interviews and interminable correspondence in the obtaining of permissions and approvals and the development of plans and their subsequent modification to suit the different authorities, it was perhaps natural to think that all the Hospital Authority had to do now was to sit back and watch the building grow. Nothing could have been further from the truth. With the advent of the contractors on the site innumerable questions immediately arose: the first was to decide what part of the site was available for the contractors' use and where should the boundary fencing be erected ? This meant, among other things, that old building lines had to be found among the rubble. Another point was that the yard at the rear of Psychiatric Out-Patients Department in Snowsfields was open and had to be enclosed by a brick wall. This was done more with the object of preventing patients and staff having access to the building site than to prevent the builder's workmen trespassing in the Psychiatric Out-Patients Department. When the fencing lines were agreed and a start made with the erection of the boundary fencing protests from tenants of adjoining property poured in. The land had, for many years, lain derelict and had been used for various purposes and it was assumed that rights to use the land for these purposes had developed; in the case of one small area a temporary building had been erected and arrangements for its demolition had to be made. Some protests were plaintively worded and some were almost abusive; these latter were particularly from people who had for years parked their cars free of charge in the area. One commercial vehicle owner flatly refused to remove a large van used as a store and eventually this was towed off the site and left in an adjoining street.

Involved in the enclosure of the site was the stopping-up of Maze Pond and Maze Yard. Writing letters and filling up forms which eventually resulted in the receipt of a piece of paper stating that these roads could be stopped up is all very different from actually moving into the road and putting barriers across it, at least to someone like the writer who is not at all accustomed to making roads impassable to traffic. It was, therefore, with some trepidation that I instructed the Hospital's Works Department to close off these streets in the rebuilding area.

During the process of erecting the fences the local children had a very good time. They ran off with the workmen's spanners, lengths of steel scaffolding pole and even a ladder but as the line of fencing extended the points of entry became fewer and fewer and the chance of being caught increased. Ultimately, what for years had been a fine playground on which many battles had been fought, was

lost to the local children. With the complete enclosure of the site any ideas that children or others might have had of trespassing on the site were dispelled by the presence, out of working hours, of a reputedly ferocious trained Alsatian guard dog which is left free to roam each night when the workmen leave the site.

Unfortunately, one of the formalities had not been completed when the contractor got busy: in addition to closing Maze Pond and Maze Yard it was also necessary to close Sparricks Row, Holcombe's buildings and part of Weston Yard. All preliminary permissions for their closing had been obtained and the Ministry of Transport and Civil Aviation had given public notice, on the 16th July, of its intention to make an Order giving effect to these closings. However, this notice had to be exhibited, to give interested parties an opportunity of lodging objections, for a period of three months and it was not until November that the final Order was made and Sparricks Row closed to public use. Until that time, therefore, the contractors had to fence both sides of Sparricks Row and for some time contend with numerous car parkers who, notwithstanding the risk of damage from the heavy lorries now using this road, persisted in leaving their cars all along the street. The depositing of dirt on the cars, accidentally or otherwise, seemed to have no effect on the determination of the drivers to continue to leave their cars in this street.

Many other problems arose with the commencement of excavation. The site was bisected by old gas mains, electricity mains, water mains, telephone cables, hydraulic power mains, etc., and the various authorities responsible for these services had to be contacted, plans of the services obtained and the necessary action taken to divert the services or stop them up so as to remove any risk from, say, a live electric cable, to the contractors' workmen. The stopping up of a hydraulic power main along Sparricks Row necessitated the running of a relief service main from the junction of Holcombe's buildings and Great Maze Pond to Snowsfields and then along Snowsfields towards Weston Street until it could connect with another branch of the hydraulic main system.

Part of the rebuilding site had at one time been leased for use as a car park and arrangements were made for this car park to be merged with the old Hospital car park on the St. Thomas' Street frontage. One of the conditions attached to the approval of the plans for the new surgical block was that the whole of the remainder of the site should be cleaned up, put to use and some attempts made to improve its appearance. For this reason the land now forming a car park was leased in two sections to a company called The London Bridge Car Park and Service Station Limited. One section of the lease relates to the land let for the erection of a petrol station now almost completed and facing St. Thomas' Street and the second section refers to all the remaining unused land which is let as a car park subject to the condition that the Hospital has a prior claim for a given number of car parking places. In addition, the vacant land let as a car park can be reclaimed by the Hospital at short notice, in whole or in part, according to what area is required for any further extensions which are to be proceeded with. It is hoped that the petrol station will prove a convenience to the Guy's staff while, at the same time, making revenue producing a large part of the Hospital's Endowment Fund which is represented by these sites.

One of the next matters to be dealt with was to arrange for a new water main to serve the new building. The existing main in Great Maze Pond while adequate to meet the needs of the present Hospital was of insufficient size and had insufficient pressure to serve the new building at the height to which it was to be erected. Difficulties in traversing Great Maze Pond over a period of some months during the winter were created by the laying of this new water main and the diversion of the hydraulic power main previously referred to. It is interesting to note, while speaking of services, that the contractors, in accordance with a clause in their contract, were bound to make a minimum of noise so as not to disturb the patients in Hunt's House. For this reason they arranged for all their plant, cranes, pumps, concrete mixers, etc., to be electrically operated and it was stated that their demand for a temporary supply of 1,000 k.w. was one of the biggest temporary supply demands that the London Electricity Board had ever had. The three electrically-operated cranes now on the site are of German manufacture and are particularly interesting because of the length of the jib and also for the method of operating. The crane handler is not situated in a cab on the crane itself, as is usual, but is located in a suitable place near the crane, from which he operates it by movable electrical controls. This flexibility in the siting of the controls makes easier the placing of loads in position.

However, all the problems arising from the commencement of the work were overcome and with three and sometimes four powered digging machines at work

WHEN YOU HAVE QUALIFIED

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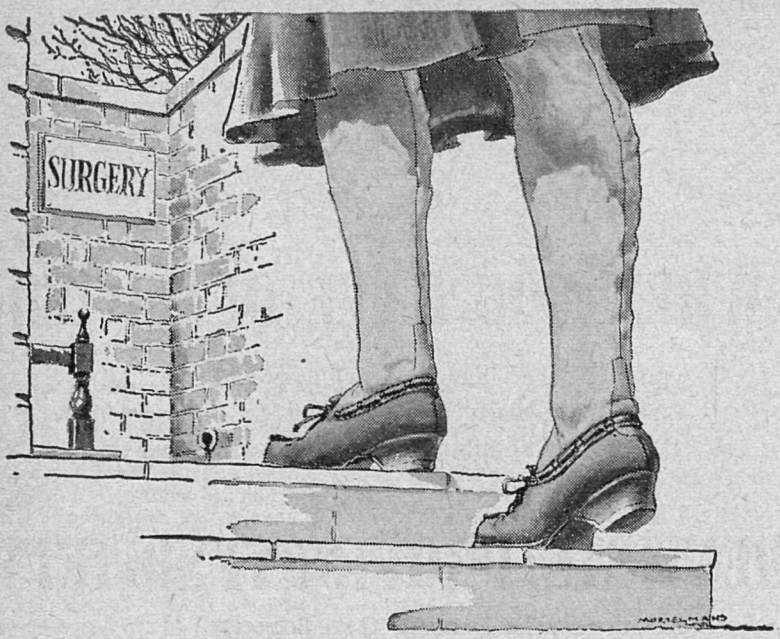
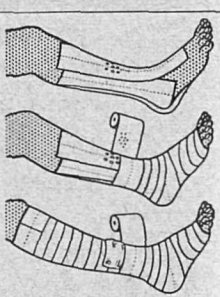


Treatment by Compression

In the treatment of leg ulcers, or for support of varicose veins in those cases where operative procedures or supplementary injections are undesirable, the veins can be assisted in their normal function by the pressure of an Elastoplast elastic adhesive bandage (Porous). It is essential to have firm compression, but the usual crepe bandage or elastic stocking does *not* afford sufficient support. The remarkable stretch and regain properties of Elastoplast ensure constant and correct compression.

Elastoplast elastic adhesive bandages (Porous) are available in 3-yard lengths, 5 to 6 yards stretched, and 2″, 2½″, 3″ and 4″ widths. Prescribable on form E.C.10.



In the compression treatment of leg ulcers, the limb should be covered with strips of Elastoplast, and an Elastoplast bandage applied from toes to knee as shown. To absorb discharge, holes should be cut in the bandage overlying the ulcer. An absorbent pad is held in place on the outside of the bandaged leg, so that it can be changed without disturbing the underlying bandage.

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progress was rapid. By mid-November about one-third of the total excavation had been completed and the mass concreting prior to asphalting had commenced for the South West wing. By the beginning of December over half the total excavations had been carried out and asphalting of the South West wing had begun, whilst by the end of the year excavation was almost 95% complete and over fifty-five thousand cubic yards of rubble and earth had been removed, the ground having been excavated to an average depth of approximately twenty feet. The sides of the excavation show that there was approximately five feet of made-up ground on the top of the silt which, in turn, lay above a narrow band of blue clay; below this was sand and below the sand Thames ballast or gravel on which the mass concrete for the foundations was to rest.

The weather, often a decisive factor during this early period, was good, there being no exceptionally hard frosts and few rainy days. In fact, only nine hours' work was lost through the weather up to the end of December Mishaps and difficulties were, however, encountered. One of the two cement silos which made their appearance on the site during the early part of November was, notwithstanding supporting stays, blown over in a gale one week-end and, unfortunately, fell on to a piece of steel scaffold pole which had been let into the ground and was standing vertical. The silo was well and truly perforated and had to be taken away and a new one sent in its stead. A third silo arrived more recently, and it is noted that this bears the legend "Sputnik III" ! The suggestion was made that the one that fell over was akin to those which could not be launched in Florida !

Vast quantities of water had to be constantly pumped away during the excavations, the quantity varying according to the state of the tide in the nearby Thames. At one time about eight pumps were needed to keep the excavations clear for work and the drainage of water into sumps for collection and pumping away while, at the same time, concrete was being laid on the water-bearing gravel needed the maintenance of a nice balance. If too much water were pumped out the gravel would get loose and dry; if too little were pumped the newly laid concrete would be washed away.

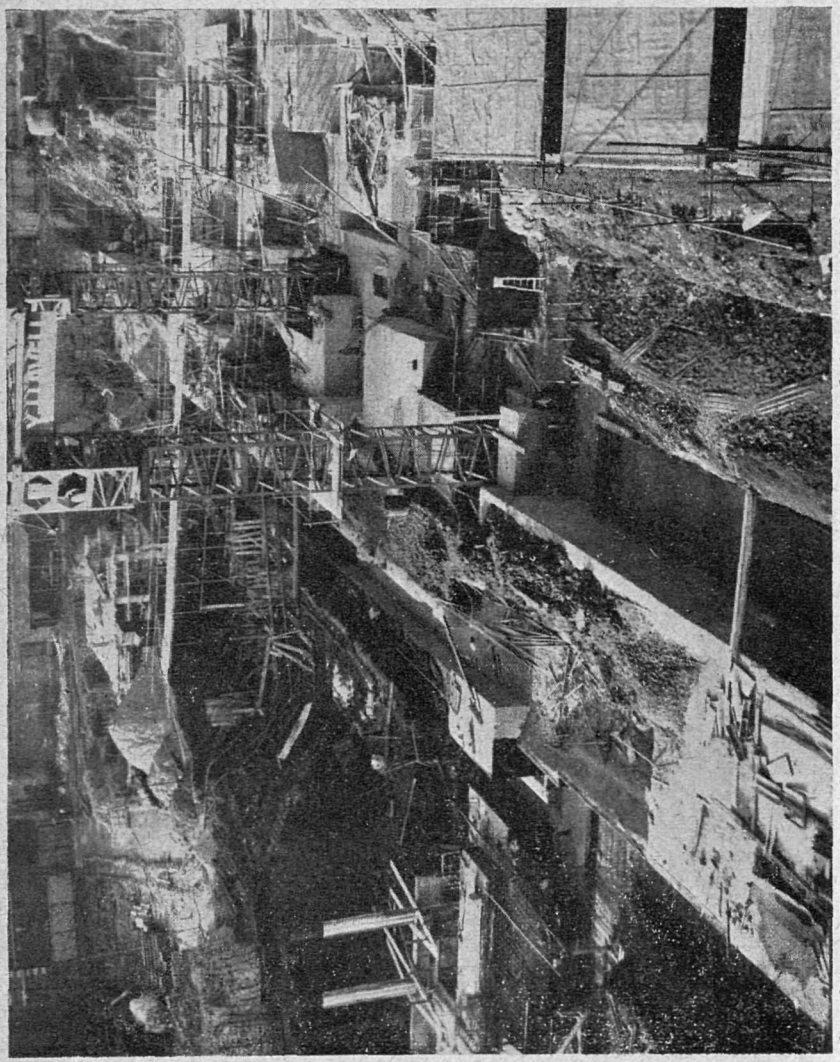
Some of the foundations of the old warehouses proved unexpectedly solid and sturdy, but all were eventually broken up. The method adopted was to hoist an iron ball, weighing about a ton, by a crane, the ball being then dropped as many times as proved necessary on to the mass of brickwork to be broken up, and in the case of some of the masses of concrete which had been foundations of the old warehouses, the process of hoisting and dropping the iron ball seemed endless.

Nothing of any great interest was discovered during the process of excavation. I heard that deep down a few Roman coins were reported to have been found but I certainly didn't see them, whilst at a shallower depth some lengths of hollowed out tree trunk, possibly dating from the sixteenth or seventeenth century, were unearthed. These had obviously at one time served either as water pipes or as drains. In another section of the excavations a great number of cattle horns were found. These were lying in the heavy silt that covered the blue clay and must have been deposited there before the land had been filled up, as the five feet of fill previously referred to was above them. A suggestion was made that their presence was due to the fact that in mediæval times cattle were not taken across the Thames into the City of London for slaughter but when brought up from the country, were killed on the South bank and the carcasses only transported across the river. To some extent this theory was supported by the fact that there were no pairs of horns attached to skulls but hundreds of single horns, each one, apparently, having been detached separately from the beasts' skulls.

All at Guy's know the large hop warehouse still left standing opposite the entrance to the Casualty Department, and one incident concerning this caused some alarm. Near the North East corner of this building the excavations revealed the presence of large unfilled vaults covering an area approximately 90 feet by 30 feet. The existence of these was unknown to anyone at the Hospital or to the contractors. These vaults were roofed over with rolled steel joists covered in turn by concrete and during the process of breaking up this roofing a large section running up to the foundations of the North East corner of the warehouse broke away leaving the foundation of the warehouse exposed. The contractors had hurriedly to put in some reinforced concrete underpinning and, fortunately, no traceable movement in the building took place.

In the meantime the Building Committee and the Medical Sub-Committee thereof had not been idle. A number of matters had to be dealt with and one of the major problems confronting the Committees was the choice of materials. In the contract and bills of quantities appeared one hundred and seventy-four

items covered by P.C. sums, *i.e.*, estimated allowances to cover the cost of particular items which might be either materials, for instance, bricks, or fixtures and fittings such as baths. The contractors submitted a list of these items in the order in which they required priority of decision and it was rather surprising to find high on this list a choice of lightning conductors. On enquiry the reason was so obvious as to make one wish the question had not been raised; the base or terminal point of the lightning conductor had to be below the lowest part of the building. On



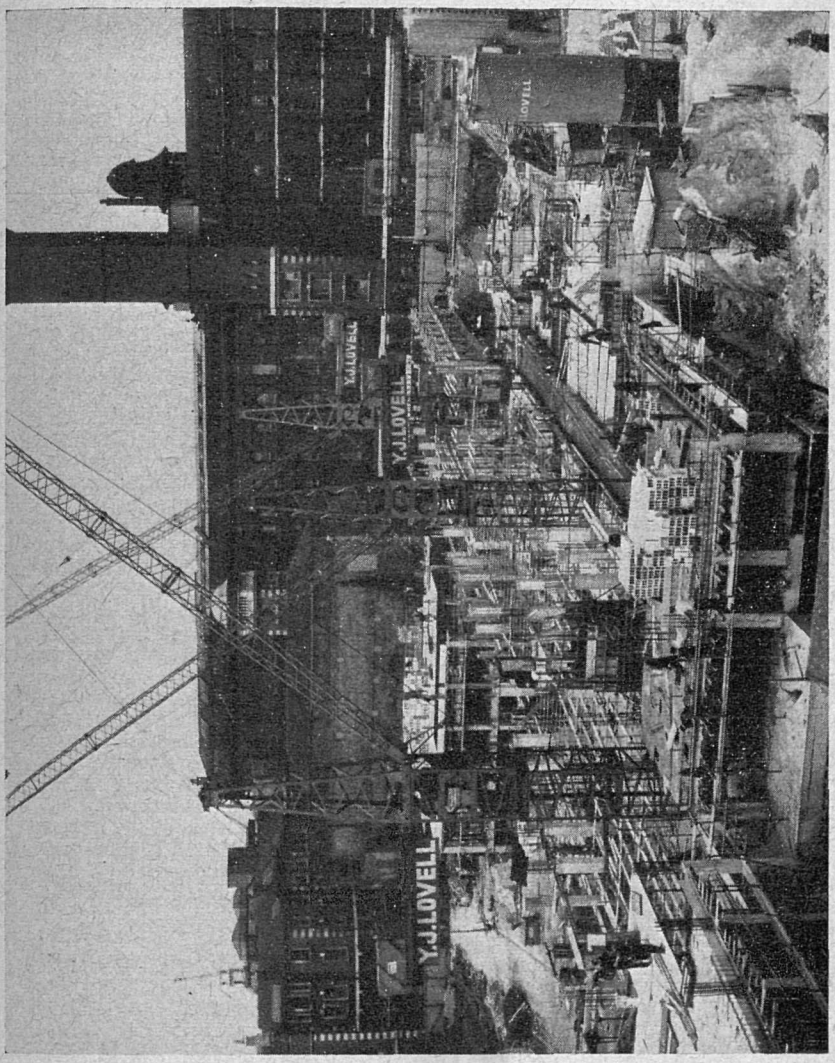
Photos by J. L. Nelson

Foundations of the main spine of the building, 3rd January, 1958.

some items where a choice had been made difficulties arose. The Building Committee had chosen a particular type of facing brick; this had been provided for in the contract and the figure allowed in the bills of quantities was some shillings per thousand more than the quotation given by the brickyard before the contract was let. After the commencement of the work when an attempt was made to place the order at the price the architect had obtained some time previously he was informed, despite the fact there had been no increase in wage

rates since the date of the quotation, that the price had been substantially increased. The Committee considered further samples of facing bricks and chose a brick from an alternative source of supply that could be obtained at a price comparable with that originally chosen. Little, if any, difference could be seen in the appearance of the two bricks and the technical reports showed that the brick finally chosen was in every way as durable as that for which it was substituted.

One further result of this change of brick was that it made possible another



A view taken on 29th April, 1958, showing the work on the structure. Part of the ground floor slabs can be seen in position, and some of the columns for carrying the first floor are already erected.

fairly major change in finishing materials. Part of the external face of the building was to have been covered with a material known as mineralite. This is a facing material manufactured from natural products and available in various finishes, for instance, material with either a blue or green foundation could be obtained, the basic ingredient being natural slate of these colours. Mineralite had been chosen to provide a colour contrast to the facing bricks originally specified, no suitable contrasting brick of the type chosen being available. The brick field

supplying the bricks which were finally ordered, however, also made a brick of similar texture but of a much darker colour. If these bricks were substituted in the areas where mineralite facing had been specified they would provide the desired colour contrast at considerably less cost than was possible with mineralite facing while, at the same time, reducing the number of different types of facing materials used. The Governors accordingly agreed that where mineralite facing had previously been specified this should be replaced by tudor bricks of the darker colour. This change resulted in a reduction in the cost of the building of over £16,000.

The Ministry of Health, when giving its final approval stipulated that a rigid control should be kept of all variations and extra costs. This meant that a close liaison had to be maintained between the Hospital Authorities and the professional advisers. For this purpose, it was arranged that representatives of the Hospital should attend the weekly site meetings between the contractors and professional advisers and that an informal meeting should be held at the Hospital, also weekly, between myself and the professional advisers to try to anticipate any difficulties that might arise and to try to solve those that had arisen. In addition, an agreed procedure was instituted by which all proposed variations were examined by each of the professional advisers in turn and costed by the Quantity Surveyor before being submitted to the Building Committee and, if they involved expenditure above a certain amount, being passed to the Ministry of Health for approval.

Variations in the contract and bills of quantities can arise in various ways: there are variations forced upon all concerned by something unforeseen at the time the contract was made and the first of these was encountered when the mass concreting began. A large volume of water was being pumped from the site and, as the concrete blinding or initial covering of the gravel was almost being dropped into this water, samples of it had to be analysed to make sure it contained nothing likely to affect adversely the setting of the concrete. The engineers responsible for the structure discovered that the water had an excessive sulphate content with the result that a special cement to counteract this had to be used for some time. What caused this undue density of sulphate is unknown as within a relatively short space of time it disappeared and work proceeded with normal cement. The next variation arising from a contingency was when the foundations for the subway connecting the old block to the new were being put in. Here it was found that the level of the gravel (obtained previously by digging trial pits) and the nature of this differed considerably from that encountered elsewhere on the site. A considerable volume of additional material had to be excavated and the resulting space filled in with mass concrete. The additional cost from this variation amounted to approximately £2,565.

The necessity for a variation in the contract arising through something that could not be anticipated has got to be accepted. Variations arising from a change of mind have got to be very carefully considered and, unless approved by the Building Committee, cannot be put into effect. If additional expenditure is involved, even when approved by the Building Committee, variations cannot be put into effect unless the approval of the Ministry of Health is received.

The final type of variation in the contract is where, a choice of the material or equipment having been made, it is found that the cost involved is either more or less than the sum allowed. Examples of items that have been dealt with under this heading and the approximate difference in cost between the sum allowed and the price of the equipment purchased are as follows:—

Item	*P.C. Sum*	*Actual Cost*	*Extra Cost or Saving*
Lightning Conductors	£1,200	£560	−£640
Travertone Acoustic Tiles ..	£12,185	£11,835	−£350
Metal Windows	£20,000	£20,655	+£655

At the time of preparing these notes, namely the end of April, the work of putting in the foundations had been completed, what will be the ground floor is almost completed and a great many of the columns that will carry the first floor are already in position. Escape staircases between the lower ground and ground and ground and first floor are being cast and the position of lift wells, etc., can be seen. In fact, it can be said that the shape of the building is becoming apparent. The back filling between the edge of the original excavation and the wall of the new building has been commenced, drains have been installed and a start has been made on putting in the services in the perimeter pipe duct below the lower

ground floor. The contractors are approximately 2½ months ahead of their schedule and they estimate that the roof of the building should be in position by about the end of the year. They have stated, however, that they do not think they will necessarily complete the building in advance of the scheduled time; the reason being that, although the framework and structure are far ahead of schedule, it is probable that additional time will be required by the sub-contractors, some of whom, in fact, might not be able to commence their part of the work in advance of the date originally agreed.

An idea of the height of the new block can be obtained when it is realised that the top floor will be approximately level with the balustrade at the top of Hunt's House tower.

Matters currently engaging the attention of the Building Committee and the Medical Sub-Committee are flooring materials, bed-lighting, operating theatre lighting, sterilising equipment, positioning of X-ray viewing boxes, method of disposing of refuse, incinerators for dressings, bed curtaining, etc. Of the 174 items requiring a decision which have been previously referred to, 159 are still awaiting settlement.

Every Wednesday morning there is a site conference, at which are represented the builders, architect, consulting engineers (mechanical services and structure), quantity surveyor and the Hospital authorities (the latter are referred to rather briefly as "client"). At the last meeting the question was asked if the work was in any way being held up for lack of plans or information, and the builders stated they were not being delayed at the present time, but it appeared that they were only about one floor behind the architect and engineers, who were being pressed to complete the plans of the next floor on which the builders were about to commence. Again, the idea that all plans were not finished before the building was started was something new, and I shudder to think what might happen if the builders, instead of getting two months ahead of their schedule, get two months ahead of the architect and engineers !

The organization of the work is proceeding smoothly, and the builders are to be congratulated, as are the technical advisers, on the way in which the building is being erected. It is hoped that this happy state of affairs will continue until New Guy's House is ready for occupation.

ON LEARNING LANGUAGES

It was Dr. Johnson, of course, who was responsible for the remark that the prospect of being hanged in a fortnight "concentrated a man's mind wonderfully". This obiter dictum of Dr. Johnson's came to my mind when I read the other day that a young American who has been in prison under sentence of death for a matter of years has, during his captivity, learned twenty-six languages. *Autres pays, autres moeurs*, but whilst one feels sure that most people in this country think that a murderer should have short shrift, it is probable, too, that with Macbeth they think that "if t'were done, t'were well it were done quickly". This, however, by the way.

Charles Lamb wrote an essay on "The Two Races of Men", one being the sort that borrows, the other the one that lends. Equally, in the matter of learning languages there are also two races of men, and quite simply they are those who like learning languages and those who don't; and as a matter of experience one finds, generally speaking, that the former have a predilection for the classical side at school, and the latter for the scientific. The first essential of learning a foreign language is that one should have a proper grip of one's own, and it is here that one gets some surprises. Not infrequently I get letters (and not from the same person) telling me that my patient's symptoms are *suspicious of* something or the other; or a flagrant misuse of "who" for "whom" or vice versa; or a statement to the effect that the "present symptoms" do not "tie up with" previous ones. One cannot even blame those so-called Television "personalities" for this, with their "recap", or those hack journalists who seem determined that we should now say "disinterested" when we mean uninterested. One always feels like quoting to these sort of people that remark of R. L. Stevenson's to a little group of his literary friends: "We may think we are very fine fellows, but none of us can write like Hazlitt." And what a corrective it is today to read a few essays of Hazlitt, occasionally, after a frantic day in the surgery with its outpouring of the stilted, turgid stuff which we have sometimes to commit to paper.

One assumes some knowledge of Latin in everyone who has been a medical student, for he used to have to matriculate in Latin whatever he may have to do now. There is nothing like the precision and conciseness of Latin to instil in one the need to avoid verbosity and ambiguity, and the strict rules about relative clauses should have guaranteed anyone against saying "who" for "whom". Can anyone from his recollections of Latin remember any Latin author tripping up over this point ? This condensation of thought and speech is still more obvious in some of the later Latin authors, such as Tacitus. One remembers his well-known comment about the foreign policy of Rome at that time: "They make a desert and call it peace". (*Solitudinem faciunt, pacem appellant.*) One couldn't do that quite in English, but it is a beautiful example of saying a lot in a small space—multum in parvo, in fact. Again, how neatly, by the use of the ablative absolute, is Latin able, often with a couple of words, to avoid using a long subordinate clause.

To the "linguophile" (if there is such a word) the acquisition of new words and phrases, or the comparison of the idioms of the particular language which he happens to be learning with those of his native tongue are a source of the greatest delight; but to get this pleasure he must be certain that he is perfectly at ease in his own tongue. Accuracy of speech does not necessarily mean pedantry or what used to be called "fine writing". Even Sir Winston Churchill's wartime basic English is to be preferred to the use of long pretentious words linked up by a faulty syntax. A love of words, a love of beautiful language evinced by a fondness for reading poetry is some qualification for ability to learn languages. Only the other day, having arrived at a virtuous decision to destroy numerous old books which have been carted about for forty years, I suddenly picked up Aeneid Book I; and there on the first page were the old, familiar, oft-quoted words, which furnished the title for one of Bernard Shaw's plays—"Arma virumque cano . . . ", and then opening at random somewhere in the middle for a rapid browse, what a discovery, no less than the place of origin of a well-known quotation which has evaded me for years:

"Sunt lacrimæ rerum, et mentem
Mortalia tangunt."

"Almost untranslatable", the notes said, and yet how often quoted, especially the first three words.

Some languages are euphonious and some are not. Welsh and German certainly are not, yet to hear a German or an Austrian woman singing their native songs can be very melodious, and this applies also to Welsh women, assuming, of course, in both cases, that they are gifted singers. Listen, however, to the stage German, especially the military type, bawling out his orders, and one feels nothing so much as a strong desire to strike him, so harsh and unpleasing does he sound. Ancient Greek, French and Italian are to my mind full of music. Having recently taken up Greek from the point where I left it forty odd years ago after a few weeks' study then, I am still trying to get over that *Pons asinorum* of all students of Greek, viz., the Greek verbs. It was interesting to learn that no less a person than Lord Dowding whilst at Winchester had succumbed to the difficulty of Greek verbs and had transferred to the Army Class. On such trifles does the fate of civilisation sometimes seem to rest. The more, however, that one goes into the study of Greek the more essential one feels that it is for a proper knowledge of English, and it should be equally compulsory with Latin as a pre-medical subject. As regards Italian, the linguophile would have every sympathy with the person who learnt the language merely to read Dante in the original. It has one peculiarity and that is that, having mastered the grammar, one soon finds oneself capable of reading Italian with facility, especially with a knowledge of Latin, but when trying to reproduce it in speech the words do not seem to come very easily. French is a lifelong study and the use of the two simple words "à" and "de" is fraught with numerous traps. The Frenchman with whom I sometimes practise French Conversation tells me, however, that some of the worst French is spoken in France. One imagines everybody carefully using "que" with the subjunctive and so on, whereas many, sublimely ignorant, use the indicative. One thinks of Touraine as the home of perfect French, but one has only to read "Major Thompson" to find that this idea is quite fallacious. However, as we know, "patois" exists in every country. After practising for nearly twenty years in Sussex I often can't understand the language, and, ultimately, hope that the bottle of Mist. Gent. Co. will meet the case, on the principle that if you can't do any good, at least don't do any harm.

G.L.D.

Impressions of Lecturers—VIII. Mr. Eckhoff

A DAY RETURN TO SNOWDONIA

By J. C. V. MITCHELL*

At 7.40 a.m. on the last Saturday in April, a party from Guy's left Paddington in a chartered train taking railway lovers and their lady friends on a day excursion—lasting 23½ hours—to the far corner of North Wales to travel on the recently reopened part of the Festiniog Railway.

The train included four luxurious prototype coaches and two Buffet Cars, one with a long bar and the other equipped with a kitchen, and was hauled by the historic locomotive "City of Truro" in immaculate condition, having recently been brought out of the museum.

Her fame was due to breaking the world speed record on rails with 102.3 miles per hour in 1904, and it certainly felt as if she was trying to regain the record as we sped across the Midlands to Ruabon, where she was replaced by two slightly more modern machines to take us over the Welsh mountains.

"Taliesin" and "Prince" at Portmadoc Harbour Station.

Shortly after lunch we arrived at the interchange station at Minffordd where the Siamese Twin or Janus of railway locomotives, *Taliesin*, greeted the main-line train with both its whistles. A rapid transfer of passengers to the 1 ft. 11⅝in. gauge coaches of the Festiniog Railway was followed by a journey of unrivalled scenic panorama as the train followed its winding route along the precipitous rock shelf cut into the mountain side.

The history of the railway is quite unique. It was opened in the 1830's for the carriage of slate from the quarries at Festiniog to the sailing ships at Portmadoc. Gravity brought the trains the 13¼ miles to the coast and horses took the empties back. In 1864 steam locomotives were successfully introduced on the narrow gauge for the first time and this was followed by permission being granted for the carriage of passengers, and shortly afterwards the first bogie coaches in Britain were put into service. The narrow gauge principle and the double engine patent spread from this remote Welsh valley to Russia, India and other parts of the world following demonstrations which were attended by deputations from many nations in 1869. Between the World Wars the railway came to rely more on the tourist traffic and less on the dwindling slate trade until, in 1946, it closed completely.

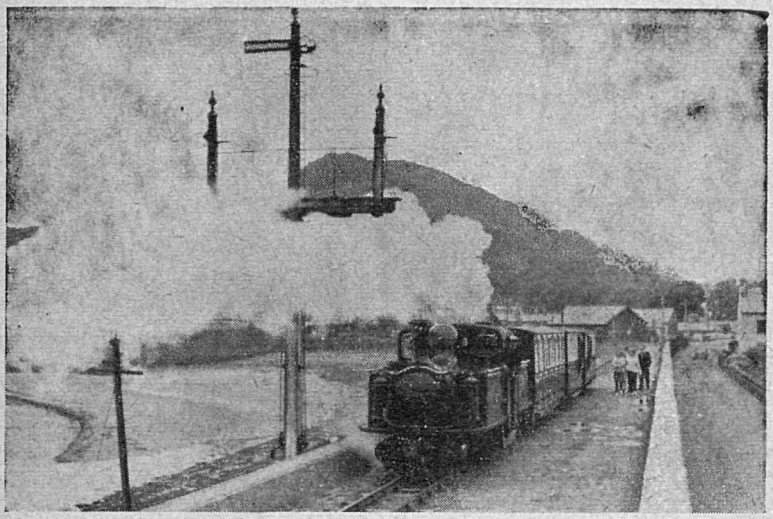
**Mr. Mitchell, a senior dental student, is a director of the Festiniog Railway Society Ltd.*

In 1951 a group of railway enthusiasts met together with the idea of reviving the abandoned line, but we could do nothing until control of the company was obtained in 1954. The following summer a 2-coach train, hauled by 94 years old, 4-wheeler, *Prince*, ran over 1¼ miles of track thanks to enormous voluntary support, both practical and financial. Each year since a further length of line and more coaches have been reconditioned, until this year the 7½ mile post has been reached, with 7 coaches and 2 locomotives.

As we journeyed towards Tan-y-Bwlch, this year's terminus, two of our dental colleagues proudly pointed out sections of track they had recently worked on when they joined a "volunteer gang". At Tan-y-Bwlch we took time off to admire the magnificent scenic views of mountains and lakes.

On the return trip the train stopped at the locomotive works where, amongst 120 years of engineering history, could be seen derelict locomotives awaiting rebuilding funds and a curious narrow-gauge hearse, complete with internal rollers.

We arrived at Portmadoc Harbour Station at 5.30 p.m., the evening being occupied by eating and drinking, with a dance in the Town Hall for some and



"Taliesin" crossing the Glaslyn estuary.

the cinema for others, not to mention the Annual General Meeting of the Festiniog Railway Society, the real purpose of the trip.

I think British Railways were out to impress, since our luxurious train was waiting warm and spotlessly clean with both bars ready to be opened as soon as the train moved off. Paddington was reached after a memorable "day" excursion, in time for the first Underground trains on Sunday morning.

I shall be pleased to hear from anyone who is interested in taking a Platelayers' course in Physical Fitness or just joining the Society, by the usual channel, c/o Front Lodge.

QUODLIBET SOCIETY

The newly-formed Quodlibet Society held its first meeting in the Upper Reading Room at the Students' Club on Friday, 16th May, at 8.30 p.m. The speaker was Mr. Vladimir Yulin, Cultural Attaché at the Soviet Embassy, who spoke about "Education in Russia". Both Mr. Yulin, a lawyer, and his wife, a doctor, graduated recently from Moscow University. After Mr. Yulin's talk there was ample time for members and their guests to ask him many questions, which he answered very willingly and skilfully.

One of the members, Mr. Martin Bax, took the chair for the evening. A pleasantly informal atmosphere combined with the charm and obvious sincerity of Mr. and Mrs. Yulin to make this a most enjoyable and successful first venture for the Society, and a good augury for the future. R. COOK.

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CORRESPONDENCE

Letters to the Editor of the Gazette

Aegean Link

SIR,—Some of your readers may be familiar with the Greek island of Hydra, shots of which appeared in recent films "The Boy on the Dolphin" (American) and "The Woman in Black" (Greek). That it has a connection with Guy's is probably rather surprising. While on the island last Easter, I visited a large house in pseudo-Renaissance style which had been built by a former admiral who had made his money bringing wheat to Britain through the Napoleonic blockade. The house is now owned and looked after by an elderly lady who speaks excellent English. She was introduced to me as Mrs. Lambrinudi, and on further enquiry she told me that she was the sister-in-law of Mr. Lambrinudi, former orthopædic surgeon at Guy's. She spoke very warmly about the Hospital and told me that she knew of the late Professor Whillis.

I may add that while walking round the island I was introduced to someone who, on hearing I worked at Guy's Hospital Medical School, informed me that it was very well known to her through her cousin who was a doctor and who frequently visited Guy's when he was in London.

It gives one great pleasure to be the recipient of the enthusiasm with which people abroad refer to Guy's when they hear that one is associated with the Hospital.

Yours etc.,

J. JOSEPH.

Anatomy Department,
Guy's Hospital Medical School,
London, S.E.1.

Quodlibet Society

SIR,—A new society, the Quodlibet Society, has been formed recently at Guy's. It aims to hold monthly meetings, after dinner, of an informal nature at which a Speaker will read a short paper of general literary, historical or philosophical interest, followed by questions or discussion. Coffee and beer will be served during the meetings, and members will be able, if they wish, to dine with the speaker before the meeting.

We invite any student or member of the staff at Guy's who wishes to join, to make an application for membership to the Secretary. The subscription is 10/6 a year or 4/- a term, payable to the Treasurer, Mr. Stewart Cameron.

A report of our first meeting appears elsewhere in this issue.

Yours etc.,

MICHAEL KEIR,
Hon. Secretary, Quodlibet Society.

Guy's Hospital, S.E.1.

Guy's Hospital Rifle Club

SIR,—I would like, through the *Gazette*, to draw the attention of old Guy's men and members of the Staff to the fact that it is hoped to arrange a match with the Hospital Rifle Club, at Bisley, on the 22nd of June, 1958. This has been suggested as a result of the very successful small-bore match last March.

Anyone interested in shooting for the Staff should contact Mr. Nils Eckhoff, Keats House, St. Thomas's Street, London, S.E.1.

Yours etc.,

KEITH PILCHER,
Hon. Sec. G.H.R.C.

Guy's Hospital, S.E.1.

"Nineties" Club

SIR,—Will you once again enable me, through your columns, to inform your readers that the above Club will hold its Annual Dinner on Wednesday, 11th June, and any "Victorian" who will join us then will be warmly welcomed and will, I am sure, have a memorable evening.

Yours etc.,
H. W. BRUCE.

West Kent Hotel,
Bickley, Kent.

Guy's Men Afloat

SIR,—On a recent visit to the Holy Land, I swam in the Dead Sea (1,300 feet below sea-level). To emphasize the buoyancy of the water my wife photographed me reading a copy of the *Gazette*, which was the only reading material

I had on me. I venture to suggest that the *Gazette* is never likely to get any lower than this !

Yours etc.,
K. A. HILLARD.

Cyprus B.F.P.O. 53.

REVIEWS

Surgery in Infancy and Childhood. By M. WHITE and W. M. DENNISON. E. & S. Livingstone Ltd.. 444 pages, 267 illustrations. *Price* 45*s*.

This is a book written for medical students and general practitioners by two surgeons of the Royal Hospital for Sick Children, Glasgow. There are chapters on all the usual subjects, including fractures and orthopædics, and plenty of excellent diagrams and photographs, some of which are in colour.

The book is printed on good paper and the type and headings are attractively set out.

The subject matter is very clear and the views and opinions, without exception, straightforward and sound.

This is in every way an excellent book which can be strongly recommended and deserves to be a great success.

R.L.

THE S.S.White CONSERVATION OUTFIT

The Kit with the "after-sales" service

The cabinet* and contents are officially approved by the School Authorities and include:

Black's Cutting Instruments

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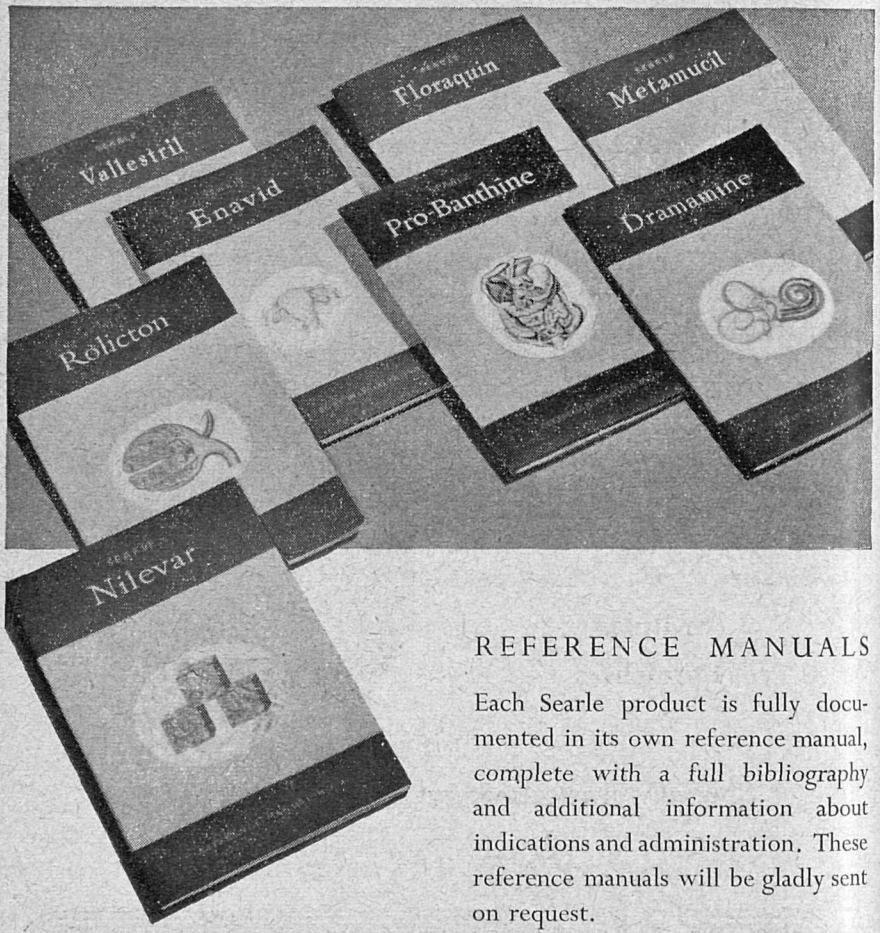

REFERENCE MANUALS

Each Searle product is fully documented in its own reference manual, complete with a full bibliography and additional information about indications and administration. These reference manuals will be gladly sent on request.

G. D. Searle & Co., Ltd., High Wycombe, Bucks.

Telephone: High Wycombe 1770

GH.58

The Rainbow Comes and Goes. By DIANA COOPER. Rupert Hart-Davis, 1958. *Price* 25*s.*

Lady Diana Cooper has written her memoirs, from her earliest years in the spacious society of Victorian town and country, up to her departure for America in the 1930's as a reigning beauty, with a stage part in "The Miracle" awaiting her in New York. What the Press regarded as the escapades and excesses of her youth, she recounts with a serene charm, and the loss of her best friends in the fields of France is soberly recalled. In 1914 she came to nurse at Guy's as a V.A.D. She had met doctors before, when a circle of consultants had prescribed galvanism for the "degeneration of muscles" which they presaged for her. Now, she horrified her friends and family by wanting to nurse at the Front, and they were relieved when she settled for Guy's. A friend at the Front wrote "Be chilly to the medical students, won't you ?" She recalls with humour the rigours of nursing on *Charity* and *Astley Cooper*—it is sad to see the perennial mistake, "Ashley Cooper", repeated. Her romance with Duff Cooper occupies much of the latter half of the book. While climbing a cliff path with him she sustained a Pott's fracture, and was treated by Sir Arbuthnot Lane, "a rare man". On recovering, she spent a final month at Guy's before moving to the hospital set up at her mother's house in Arlington Street, and many love letters between Lieut. Cooper and Nurse Manners grace the pages of this book. Coming again under Sir Arbuthnot after an accident, she was given, if we are to believe her, three-quarters of a grain of morphia at night, which produced nine hours' sleep ! Providentially, she has survived to tell this enchanting tale.

J.A.W.

Principles of Surgical Management. By H. A. F. DUDLEY. E. & S. Livingstone Ltd. *Price* 27*s.* 6*d.*

The author presents this book as a guide to the newly qualified house surgeon to enable him to deal with the many technical problems which confront him in the day to day managements of his patients. There are excellent chapters on routine investigations and preparation for operation. The sections on the treatment of shock and post-operative abdominal complications are particularly helpful. All aspects of surgical "plumbing" are well described in detail. There is healthy scepticism of many traditional manœuvres balanced by insistance on meticulous attention to important details of treatment.

The book is attractively produced with clear type and good illustrations. In addition to the script there is a mine of information in the form of tables and charts. Criticism can only be of a minor character. No mention is made of the risks of plasma jaundice or of fatal penicillin anaphylaxis. The use of polythene tubing is advocated in cases where nylon would be more suitable but this will be remedied, no doubt, in a future edition. Rigid adherence to the metric system without giving avoirdupois equivalents is excellent from the view of long term policy but will probably cause the newly qualified doctor some mental acrobatics. The style is somewhat dour and even the patients illustrated could be more cheerful of expression; nevertheless this is an excellent book.

A.G.P.

Clinical Procedures in Occlusal Rehabilitation. By S. C. BRECKER, D.D.S., F.A.C.D. The W. B. Saunders Co., Philadelphia and London. Pp. 326, 936 illustrations and 438 figures. *Price* £5 12*s.* 0*d.*

Rebuilding a broken-down dentition with fixed bridges or splints is one of the most exacting, time-consuming and expensive procedures in dentistry. It is also fraught with hazards. Few dentists are prepared to undertake this work, and little is written upon it in the standard textbooks. The author, who is in practice in New York City, is obviously an enthusiast and many worthwhile tips are to be found in his lavishly illustrated book. He does, however, warn against interference with an occlusal plane which is not associated with symptoms. The abutment preparations advised are all for "full coverage" restorations but it is not recommended that all the teeth in one jaw should be splinted together. Various types of bite are classified, and appropriate forms of rehabilitation described as illustrated case histories with outlines of the mechanical work involved. Any dentist who undertakes this work or is contemplating excursions into the field can be recommended to read this book.

R.D.E.

Concise Anatomy. 2nd. Edition. By L. F. EDWARDS. McGraw-Hill. *Price* 49*s*.

This is an interesting textbook since it is very different from the usual type of book published in this country. The detail of anatomy has been reduced. This is not a bad thing in itself, but it rasies the problem as to what should be left out. The reviewer feels that there is sometimes a lack of balance about what has been retained and what has been omitted. For example, the muscles of the external ear are mentioned in some detail and the relations of the kidneys have been left out.

An attempt has been made to cover everything, including relevant embryology and neurology. Most students, however, would find it difficult to follow both these aspects of their work if they relied on this book.

There are other features which are unusual. The text includes many references to applied anatomy and it is these which strike an odd note. One feels that the author has attempted too much. These references include all the first-aid advice one could hope to pick up in a Red Cross Manual, and many diseases, whose brief description cannot be anything other than misleading. To indicate the wide scope of this anatomical textbook one can only quote the last paragraph of the introduction: "In conclusion it should be pointed out that most students of human behaviour are agreed that the universal biologic sex impulse is the cause of many cases of maladjustment in human relations."

There are many illustrations ,almost all of which have been taken from other books. Unfortunately some have not been well reproduced and it is difficult to distinguish the structures and their labels, e.g. figs. 163, 244 and 245. The drawings of the brain (figs. 157, 160 and 161) have about 40 to 50 labels and are particularly difficult to follow. Some of the figures however are excellent, e.g. figs. 9, 10 and 143.

This book can be recommended to those who wish to have, as the title suggests, a brief and accurate description of the structures of the human body together with additional information on their embryology, function and congenital and acquired abnormalities.

J.J.

Advice to the Expectant Mother. By F. J. BROWNE and J. C. MCCLURE BROWNE. E. & S. Livingstone Ltd. 11th edition. *Price* 1*s*.

This is a clearly written booklet which, though short, deals with the main aspects of pregnancy, labour and the immediate care of the new baby. Its practical approach should appeal to the intelligent expectant mother, and advice regarding diet, clothing, exercise and the maintenance of general health is clearly given. This is followed by a chapter on the commoner disorders of pregnancy with suggested simple lines of treatment, but wherever a more serious symptom is mentioned, it is emphasized that medical advice should be sought.

A brief explanation of labour and the mother's part during it is followed by an excellent final chapter on breast feeding and the care of the baby, which has been revised by Dr. Tizard, University of London Reader in Child Health.

With the increasing demand from expectant mothers for information about pregnancy and childbirth, it is of help to be able to recommend to them this readable and reliable, yet not over-technical booklet.

V.P.H.

Aids to Organic Chemistry. By GEORGE A. MAW, Ph.D , F.R.I.C. Baillière, Tindall & Cox. 5th Edition, 1958. *Price* 10*s*. 6*d*.

The fifth edition of Aids to Organic Chemistry, which has been completely re-written, is somewhat larger than the previous edition, and into its 170 pages have been concentrated most successfully those aspects of the subject with which the medical student can reasonably be expected to be familiar. The approach to the subject has been greatly improved and, whilst retaining their general lay-out, the scrappy nature of previous editions has been completely avoided. The result is a clear, readable, informative and well-indexed edition—certainly the best so far—in which there are but few points of detail to which exception might be taken.

F.H.B.

Carcinoma of the Lung. An N.A.P.T. symposium. Pp. 48. 7 Illustrations. *Price* 6*s.*

This is another of the well-produced booklets published by the National Association for the Prevention of Tuberculosis. A panel of specialists contributes nine chapters, including a survey by Professor Bradford Hill of the evidence for the ætiology of lung carcinoma, and others equally authoritative on its pathology, diagnosis, surgery and other therapy, and on the aftercare involved. This booklet is useful in bringing the different aspects of this ugly subject within a small compass, and does it very well.

J.A.W.

Biochemical Investigations in Diagnosis and Treatment. By JOHN D. N. NABARRO, M.D. F.R.C.P. Second Edition, 1958. H. K. Lewis & Co. Ltd. *Price* 25*s.*

This book is brief—it consists of only 281 pages of text. Therefore, it is necessarily a somewhat terse account of the various biochemical tests which can be of help in establishing or excluding a diagnosis and of controlling treatment. There are chapters on the metabolism of electrolytes, minerals, protein, carbohydrate and fat; on diseases of the gastrointestinal tract, liver, kidneys and endocrine glands; on vitamins, the cerebrospinal fluid and poisoning. At the end there are tables of normal values of constituents in blood urine and fæces. Each chapter begins with a summary of the normal physiology of the system to be described, and then proceeds to review the applications of various tests available in any well equipped routine laboratory.

While the brevity with which much of the subject matter has been described makes it impossible to recommend that this book should supplant more extensive reading in the subject for undergraduates or specialists, it is nevertheless one of the best and most lucid practical manuals for housemen and registrars that your reviewer has ever had the pleasure of reading. Frequent reference to it when asking for laboratory investigations would enhance the interest of routine laboratory work for clinician and pathologist alike.

W.H.H.M.

An Introduction to Medical Laboratory Technology. By F. J. BAKER, F.I.M.L.T., F.I.S.T., F.R.M.S., R. E. SILVERTON, A.I.M.L.T., F.R.M.S., and EVELINE D. LUCKCOCK, A.I.M.L.T. Second Edition, 1957. Butterworth & Co. Ltd. *Price* 35*s.*

This book is written specifically for medical laboratory technicians preparing for the Intermediate Examination of the Institute of Medical Laboratory Technology. It contains 346 pages of text divided into sections on general aspects of laboratory work including the care and cleaning of glassware, glassblowing, microscopy and laboratory apparatus; Chemistry; Histology; Bacteriology; Hæmatology; Blood Transfusion Technique; and Elementary Physiology. There is an appendix of physical and chemical constants, logarithms and square root tables and other data which are useful in practical laboratory work. There is a large number of illustrations most of which are excellent, though it is a pity that urinary deposits should be illustrated by particularly poor line drawings.

The book is bound in a waterproof acid resistant cover. It can be recommended to those for whom it is written as a comprehensive, clearly written manual of elementary laboratory technique.

W.H.H.M.

Blood Pressure Sounds and their Meanings. By JOHN ERSKINE MALCOLM, B.Sc., M.B., Ch.B., F.R.C.S. Wm. Heinemann Ltd. *Price* 12*s.* 6*d.*

Wing Commander Malcolm expounds what he admits will be a controversial explanation of Korotkov's sounds, based upon a theory which he has elaborated and has called "Systemic Arterial Resonance". He reports his extensive research at Bristol University and in the R.A.F., with a profusion of pulse and arterial pressure graphs and of angiograms; his most significant suggestion is that atheroma may be due to abnormal wave patterns in the pressure differential along an artery.

J.W.

Child Health and Paediatrics. By R. McLaren Todd, M.D. Pp. ix+238. Illustrated. Wm. Heinemann, 1958. *Price* 21*s.*

This book is based on lectures given to nurses, health visitors and social workers in Liverpool. A vast amount of up-to-date information and sound advice has been packed into a small space, with special emphasis on normal development and preventive pædiatrics. The sections on accidents and the emotional needs of children are particularly good and it is refreshing in this free-expressionist age to find a few well-chosen words on discipline.

The style is telegraphic but lucid; the generous use of italics and sub-headings adds further clarity. The illustrations are good apart from the photograph of a mongol which is far from typical. On the whole, Dr. Todd has used simple, readable English, but the occasional use of unexplained technical terms (*e.g.*, Inclusion body disease, Lovibond blue unit), will send some readers scurrying to a dictionary. A short glossary might have been helpful. Some words are used other than in their accepted sense. Thus, nipple shells (Waller's shields) are called nipple shields; the bowel contents in meconium ileus are described as putty-like; and a pilch seems to be suggested as an alternative to a siren suit in cold weather ! The book is largely couched in diplomatic phrases which allow for differences of opinion within the profession.

A few myths have unfortunately been perpetuated. An undated survey is quoted showing the mortality of bottle-fed babies to be ten times that of breast-fed babies. The newborn baby's lungs are said to expand gradually, 'like a lady's fan'. For the treatment of threadworms diphenan is still advised but there is no mention of piperazine. Rather surprisingly there is no mention of skin diseases or infectious exanthemata which are such a concern of the public health services.

Errors are few and far between. Chvostek (p. 121) and Trichuris (p. 144) are misspelt and a hitherto undescribed unit, the drachm (Troy), is introduced (p. 94). Well bound, printed on glossy paper and containing as much information as many larger volumes, this book is very good value. Although it is not intended for medical students, they will find here a comprehensive survey of pædiatrics which can be absorbed in two evenings. R.W.S.

SPORT

LAWN TENNIS CLUB

Guy's 1st VI *v.* King's College Hospital

Away 3rd May, 1958

In their first grass-court match of the season. Guy's had a resounding win over King's College Hospital, not losing any match.

Newcomers M. Blake and M. Mitchell acquitted themselves well, and the team as a whole showed very promising form.

M. Mitchell and H. Devereux, Won 3, Lost 0.
M. Blake and K. Smith, Won 3, Lost 0.
D. Sellman and R. Rose, Won 3, Lost 0.

Guy's 1st VI *v.* Paddington L.T.C.

H.O.P. 4th May, 1958

In a close match, against a more experienced side, Guy's lost by 5 matches to 4.

The visitors' 1st pair won all their matches and gave an exhibition of controlled tennis and courtcraft.

M. Mitchell and M. Devereux, Won 2, Lost 1.
D. Sellman (Capt.) and N. Dobie, Won 2, Lost 1.
K. Smith and R. Rose, Won 0, Lost 3.

Guy's 1st VI v. Trinity College, Oxford

Away 10th May, 1958

Only two rounds were necessary to give Guy's victory by the margin of 5 matches to 1.

The result indicates the uniformity of strength right down the team, and provides for friendly rivalry between the Guy's pairs.

M. Mitchell and M. Devereux, Won 1, Lost 1.
M. Blake and K. Smith, Won 2, Lost 0.
D. Sellman (Capt.) and R. Rose, Won 2, Lost 0.

Guy's v. Queen Mary's College

2nd Round University of London Cup

H.O.P. 11th May, 1958

Once again the overall strength of the Guy's team proved too much for the opposition and Guy's won by the clear margin of 8 matches to 1.

M. Mitchell and M. Devereux, Won 2, Lost 1.
M. Blake and K. Smith, Won 3, Lost 0.
D. Sellman (Capt.) and R. Rose, Won 3, Lost 0.

LADIES' TENNIS

1st VI v. Girton College Cambridge

At Cambridge 10th May, 1958

Result—Lost 4-5

J. Ransome Wallis and J. Hall, Won 1, Lost 2.
K. Allsopp and P. Cave, Won 2, Lost 1.
J. Craig and N. Chapman, Won 1, Lost 2.

2nd VI v. St. Thomas's Hospital 2nd VI

Away 14th May, 1958

Result—Lost 3-5

M. MacKeith and S. White, Won 1, Lost 1. (One match unplayed).
A. Poskitt and S. Stubbs, Won 1, Lost 2.
M. Maher and R. Norton, Won 1, Lost 2.

1st VI v. Middlesex Hospital

Away 17th May, 1958

Result—Won 2-1

J. Ransome Wallis and J. Cridlan, Won 2, Lost 0.
K. Allsopp and P. Cave, Won 2, Lost 0.
J. Hall and N. Chapman, Won 1, Lost 2.

MOTORING CLUB

Vice-President's Mid-Summer Rally

On Saturday, 21st June, the Motoring Club is holding a rally to end at West Meon, Hampshire. The rally will start from Guy's Hospital Car Park at 5.15 p.m. and finish at approximately 9.30 p.m. Competitors will be the guests of the Vice-President who will provide a picnic supper.

Entries will be gratefully received by A. J. Simons, c/o Front Lodge, Guy's Hospital, S.E.1, before 14th June. 2*s.* 6*d.* per person.

Club representatives are asked to write their reports clearly, on one side of the paper only.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st JUNE, 1958

Assistant House Surgeons

To:
Mr. Blackburn — Mr. P. A. Robson
Mr. Lawrie — Mr. J. F. R. Adams
Mr. Glover — Miss J. T. McNair
Appointed for six months, the first 3 *as A.H.S.*

Mr. Brain — Miss A. T. Piesowicz
3 *months*

Assistant House Physicians

To:
Dr. Douthwaite and Dr. Hardwick — Mr. J. G. Wright
Appointed for 6 *months the first* 3 *as A.H.P.*

To:
Dr. Boland, Dr. Baker and Dr. Houston — Mr. C. H. Smith
3 *Months*

To:
Dr. Hampson and Dr. Kauntze — Mr. M. K. Dunstan
Appointed for 6 *months, the first* 3 *as A.H.P.*

To:
Dr. Mann, Dr. MacLean and Dr. Bishop — Mr. R. W. Elsdon-Dew
Appointed for 6 *months the first* 3 *as A.H.P.*

Casualty Officers

Mr. H. C. Evans
Miss E. M. M. Forstner
Mr. P. W. James
Mr. J. A. Parsons
Mr. G. R. Peachey
— 3 *months*

House Surgeons

To:
Mr. Massie — Mr. P. S. Firth
3 *months*

Mr. Eckhoff — Mr. R. R. Cox
6 *months*

Mr. Atkins — Mr. S. A. R. Cooke
3 *months*

Mr. Wass — Mr. S. J. Lam
6 *months*

House Physicians

Dr. Douthwaite and Dr. Hardwick — Mr. J. A. P. Trafford
3 *months*

To:
Dr. Boland, Dr. Baker and Dr. Houston — Mr. T. R. Cullinan
3 *months*

To:
Dr. Hampson and Dr. Kauntze — Mr. M. A. H. Russell
6 *months*

To:
Dr. Mann, Dr. MacLean and Dr. Bishop — Mr. A. Bowyer
6 *month*

Resident Obstetricians

1.1.58—30. 6.58 — Mr. R. W. Edmonds
1.3.58—31. 8.58 — Mr. I. M. Jessiman
1.5.58—31.10.58 — Mr. J. B. S. Cumberbatch
1.7.58—31.12.58 — Mr. R. D. Smith

House Surgeons in the Orthopaedic Departments of Guy's Hospital snd New Cross Hospital

Mr. F. B. Coleman — Mr. B. A. Ross
6 *months*

Throat and Ear and Ophthalmic House Surgeon

Mr. J. S. G. Hayes
3 *months at Guy's followed by* 3 *months at New Cross (E.N.T.)*

Mr. S. A. MacNamara
3 *months at New Cross*

Dermatological House Physician

25.1.58—24.7.58 — Mr. D. A. Wheelwright
25.7.58—24.1.59 — Vacancy readvertised

Genito-Urinary House Surgeon

Mr. T. M. Bull — 6 *months*

Neurological House Physician

Mr. P. B. Whatmore — 3 *months*

House Surgeon to the Thoracic Unit

Mr. R. M. Clark — 6 *months*

Children's House Physicians

Miss K. E. Cuthbert — 3 *months*
Mr. N. A. Harker — 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. J. Hellewell — 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. H. M. Tuddenham — 3 *months*
Mr. J. R. Allan — 6 *months*

Resident Anaesthetists

1.3.58—31. 8.58 — Mr. B. R. P. Murray
28.4.58—31. 8.58 — Mr. J. S. M. Zorab (S.H.O.)
1.6.58—30.11.58 — Mr. D. S. Robertson
Guy's Hospital
1.6.58—30.11.58 — Mr. E. Phillips (S.H.O.)
New Cross Hospital

R.M.Os. in Nuffield House

1.6.58—30.11.58 — Mr. D. G. Yetman
1.7.58—31.12.58 — Mr. J. K. L. Jones

House Physicians in the York Clinic (S.H.O.)

For the six months ending 30.9.58:—
Mr. J. H. Clark — Mr. J. R. T. Finlayson

SEAMEN'S HOSPITAL

House Physician
1 vacancy readvertised

JOYCE GREEN HOSPITAL

House Physician
1 vacancy readvertised

House Surgeon
1 vacancy readvertised

NEW CROSS HOSPITAL

House Surgeon
1 vacancy readvertised

House Physician
Mr. B. L. Copley

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician
Mr. R. H. MacKeith

Casualty Officer
Mr. P. Brooke

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. H. D. Rikard-Bell Mr. R. J. Young
1 vacancy readvertised

ORPINGTON HOSPITAL

E.N.T. and Orthopaedic House Surgeon
1 vacancy readvertised

Gynaecological and Ophthalmic House Surgeon
Miss S. M. Creegan

PEMBURY HOSPITAL

House Surgeons
Mr. A. B. Hewitt 1 vacancy readvertised

Orthopaedic House Surgeon
1 vacancy readvertised

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons
Mr. J. T. Bavington 1 vacancy readvertised

PASS LIST

UNIVERSITY OF CAMBRIDGE

M.Chir.

R. G. Beard

PUPILS' PHYSICAL SOCIETY

Laidlaw Prize

T. Sherwood

Beddard Prize

R. B. Huddy

NURSING NEWS

Entered :
Sister K. Kershaw to *Evelina* (*Tutor*).
Sister M. Boswell to *Evelina Theatres*.
S/M G. Meckelburg to *Victoria*.
S/N P. Robson to *Sarah Swift*.
S/N C. Wood to *Nuffield Theatres*.
S/N M. G. Davies to *Dental O.P.D.*
S/N P. Roberts to *New Cross Theatres*.
S/N A. M. Stevens to *Theatres*.
S/N A. Morris to *Wilks*.

Left :
Sister C. O'Toole.
Sister J. Kelly.
S/N S. Clarke.
S/N S. Jay.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

THE INTER-VARSITY CLUB presents the sixth Universities' Midsummer Ball at the Royal Festival Hall, Friday, 20th June, 1958, 11 p.m. to 5 a.m. Double Tickets 2½ gns. including Buffet. Music by the George Melachrino Orchestra. Tickets on sale from 25th May from: The Midsummer Ball Organiser, Inter-Varsity Club, 49, Hugh Street, London. S.W.1. Tel. VIC 4625 (evening only to 8th June, 11.30 a.m. to 10 p.m. from 9th June).

For Sale

SCREENING UNIT, Victor Vertical type. Invaluable for aspiring heart and chest specialists. Perfect condition; meticulously maintained. Seen London. Offers considered. Box No. 141.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Citron, K. M. Intrathoracic Sarcoidosis. *Postgrad. med. J.*, 1958, **34**, 268.

Joseph, M. C. and another. A Method of Staining Colonies of Pneumococci. *J. Path. Bact.*, 1958, **65**, 481.

Lorber, John. The Changing Aetiology of Erythema Nodosum in Children. *Arch. Dis. Childh.*, 1958, **33**, 137.

Oliver, Leslie C. Intervertebral Disc Protrusion. *Med. Pr.*, 1958, **239**, 432.

Oliver, Leslie C. Primary Arachnoid Cysts. Report of Two Cases. *Brit. med. J.*, 1958, i, 1147.

CHANGES OF ADDRESS

Derrick Dodshon, B.A., M.R.C.S., L.R.C.P., 280, Windsor Road, Baulkham Hills, Sydney, N.S.W. (Tel. YA 4469).

J. M. Frean, M.B., B.Ch., L.D.S., Village Road, P.O. Box 188, Kloof, Natal, South Africa. (Tel. Durban 77305).

J. B. Illingworth, M.R.C.S., L.R.C.P., "Underhill Rise", East Knoyle, Salisbury, Wilts. (Tel. E. Knoyle 341).

M. J. Lindsey, O.B.E., M.B., B.S., Corner Malvern and Burke Roads, Glen Iris, S.E.6, Melbourne, Victoria, Australia.

E. Sorabjee, M.R.C.S., L.R.C.P., P.O. Box 594, Nairobi (Kenya Colony).

BIRTHS

CROOK.—On 3rd May, 1958, at Northlands, Emsworth to Margaret (née Burleton), wife of G. T. Crook, L.D.S.R.C.S., a daughter (Elizabeth Anne).

DODSHON.—On 22nd April, 1958, at St. Margaret's Hospital, Sydney to Ruth, wife of Derrick Dodshon, B.A., M.R.C.S., L.R.C.P., a son (Simon Walker), a brother for Andrew, Mark and Piers.

LOVELL.—On 13th May, 1958, in Oxford, to Sheila (née Grundy, S.R.N., S.C.M.), wife of Rev. John Lovell, M.A., a daughter (Janet), a sister for Richard.

ROSS.—On 22nd April, 1958, at the Elsie Inglis Maternity Hospital, Edinburgh, to Peggy (née Donaldson), wife of Douglas Ross, a son (Andrew James Donaldson).

MARRIAGES

DYRGAS—ALLEN.—On 10th May, 1958, at St. George's Church, Banff, Alberta, Canada, Frank Dyrgas to Barbara Allen, S.R.N.

PALMER—CRAWFORD.—On 26th March, 1958, at St. Michael's Church, Chart Sutton, Kent, Anthony Palmer to Mary Crawford, S.R.N.

DEATHS

KEITH-FRASER.—On 2nd May, 1958, Arteure Clark Keith-Fraser, L.D.S.R.C.S., suddenly at his home, 39, Victoria Road North, Southsea, Hants., aged 39 years.

MANSER.—On 28th April, 1958, Frederick Bailey Manser, M.B., B.Ch., of 19, Calverley Park, Tunbridge Wells, Kent, aged 82 years.

MARX.—On 8th May, 1958, Ronald Marx, B.D.S., M.R.C.S., of Aigburth Hall Road, Liverpool, 19.

Eds. { J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

SPRING, a more or less perennial occasion, is regarded by successive *Gazette* Editors with emotions nearing despair. After the term has got well under way and before the sporting endeavours of the Hospital hearties have provided food for comment there comes a period when it is remarkably difficult to find anything to say in *Passim*. Many of our readers will find nothing surprising in this and remark that it is not limited entirely to spring; nevertheless we try, and this time our thoughts have turned briefly to statistics. How many of you realize that approximately four and a half million processed peas have been served on the Residents' table in three years? Or that there are fifty-two elevators, excluding rib and periosteal, in the Hospital? Or so we are reliably informed.

Actually, talking of these elevators we must issue a timely, if rather belated, word of warning. That supposedly automatic lift in Hunt's House is not the mechanical genius it is made out to be. It was advertised as having a memory and being capable of deciding its own future; in fact it is controlled by a deity over which, unlike Voltaire's, neither the makers nor the users have the slightest control. Those of us who use the machine regularly have to submit ourselves to this capricious goddess; she must be female, whoever and wherever she be. Usually she smiles sweetly on travellers and furthers their ends but every now and and again she frowns and someone gets stuck. So far two housemen and assorted nurses have been subjected to this claustrophobic fate—not, we are happy to state, together. On all occasions their behaviour under trying circumstances was admirable, and a credit to Guy's; one of the housemen jumped up and down and the other sang short, brave ditties to himself to keep his spirits up. The nurses, on the other hand, employed their time usefully in thinking up a reasonable way of explaining it to Sister.

The Fison Memorial Lecture was given in the Physiology Theatre on 30th May, by Dr. Hugh Cott, M.A., Sc.D., F.R.P.S., the Strickland Curator of the Museum of Zoology at Cambridge. Professor J. Z. Young, F.R.S., was in the chair, and introduced Dr. Cott, who spoke to a most distinguished audience on "Protective Coloration in Animals". Drawing on his great personal experience, and using vivid illustrations of creatures in their natural habitats, he brought his subject to life most successfully, so that the allotted time passed all too quickly. Dr. Cott was warmly applauded.

Lord Cunliffe opened the Exhibition of Art and Photography in the Gordon Museum on Monday, 2nd June, and it will remain open until 14th June. There has been excellent support for both parts of the exhibition, and our first brief impression as we go to press is that the standard and interest of the exhibits is again remarkably high, and that they will repay several visits.

A notable distinction was recently conferred upon Mr. C. E. Engels, of the Department of Medical Illustration, on which we congratulate him most warmly. He has been awarded a medal of the Royal Colleges of Physicians, Surgeons and Gynaecologists, for advances in photography in the service of Medicine and Surgery. It is the first time such an award has been made.

The Department of Child Health has just published an excellent little booklet called *Billy Goes to Hospital.* The Guild of Ex-Patients and Friends of Guy's defrayed the cost of printing the booklet, which will be given to children awaiting admission to Guy's or the Evelina. It consists of two interleaved sheets, of which the outer one has the cheerful appearance of a children's comic, with coloured illustrations by Pamela Carter and Sylvia Treadgold, and accompanying captions. It will surely be of great value in reassuring apprehensive children, for it introduces sisters, nurses, and doctors beforehand, and gives a vivid and attractive glimpse of the children's wards. The inner leaf of the booklet is "For Parents", and makes information readily available on visiting and other points, which may worry mothers and fathers.

The *Daily Express* of 28th May commented on the report of the medical services at Lewisham after the train disaster in December, and concluded, "It should be studied by hospitals everywhere". It is the sad duty of hospitals always to expect the worst, and Guy's in common with other hospitals has had a plan for any major accident in the area ready for many years. We must all hope that any modifications made by the Medical Committee, who have studied the Lewisham report most closely, and conferred with the medical staff involved there, will remain as academic points; this is the sort of plan which is made with much devotion and care, but with the fervent hope that it will never be needed.

We congratulate Nurse Jacqueline Marshall, who started her general training at Guy's in November, on her being presented with the Moorfields Gold Medal at the Moorfields Prize-Giving in May. Princess Margaret presented the prizes, and Nurse Marshall proposed a vote of thanks to Her Royal Highness. She is among the nurses who train at Guy's under a scheme of affiliation with the Moorfields Eye Hospital.

Sports Day on Saturday, 31st May, was a great success; Honor Oak Park was bathed in warm sunshine for the whole afternoon, and a most cheerful atmosphere prevailed. We shall publish an illustrated account of the events, serious and light-hearted, in our next issue.

The United Hospitals' Athletic Club has a Guy's man as Captain this year, in the person of Mr. R. B. Huddy; we hope that a good number of Guy's supporters will support him and the other Guy's athletes at Motspur Park on 14th June, when the Inter-Hospitals Championships will be held. We particularly look forward to the Consultants' Quarter-Mile Walk, in which we hope to see some familiar faces !

A Guy's dentist tells us that he has had marked success in reducing fear and tension in his patients by giving them a headphone to wear, on the side on which he is working, to which he connects a programme of music from a radio set. A considerable increase in volume (which can be controlled by the patient) during drilling, calms even the most nervous. This seems such a good idea that we are surprised it is not more widespread; in a place like the Conservation Room it should be most economical, as music could be "piped" along the rows of chairs.

A correspondent in *Pulse* points out that the *Gazette* is a magazine and not a newspaper. We heartily agree, though we shall continue to print news, and on paper, what's more ! To emulate *The Times*, for example, with a daily report on the spot price of lard in Chicago, is beyond our scope. On the other hand, an attempt to make sensational headlines out of everyday events at Guy's might startle Fleet Street. The next ward-clerk who sticks a pin in a patient will be reported as " Student in Sensational Trial ", while a report from *Barnabas* Theatre may catch the sputnik-conscious public eye, with the posters screaming "Ophthalmic Surgeon puts Scalpel into Orbit ".

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Head Injuries.*
9th	M	1.00	Dr. Howard B. Burchell, M.D. (Mayo Clinic, U.S.A.), Clinical Lecture. *Current Cardiac Research at the Mayo Clinic.*
10th	T	1.00	Professor Robert A. Robinson, M.D. (Professor of Orthopædic Surgery, Johns Hopkins Hospital). Clinical Lecture. *Osteo-arthritis of the Cervical Spine.*
12th	Th	1.00	Professor R. E. Lane, M.D., F.R.C.P. (Nuffield Professor of Occupational Health, Manchester University). Clinical Lecture *Occupation and Disease.—I.*
13th	F	1.00	Professor Lane. *Occupation and Disease.—II.*
16th	M	1.00	Dr. M. J. McArdle. Clinical Lecture.
17th	T	1 00	Professor M. A. Rushton. Dental Clinical Lecture. *Recent Cases of Interest.*
19th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Diverticulitis.*
20th	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
21st	S	10.00	Departmental Round. Professor Robinson. Clinical Theatre.
23rd	M	1.00	Dr. E. J. Moynahan. Clinical Lecture.
		1.00	Mr. J. W. Mansie. Dental Clinical Lecture. *Difficult Extractions.*
26th	Th	1.00	Professor Robinson. Clinical Lecture. *Structure of Bone.*

OBITUARIES

RONALD MARX, B.D.S., F.D.S., M.R.C.S., L.R.C.P.

Ronnie Marx was one of the small band of enthusiasts who qualify medically, take higher dental degrees and set their backs against the monetary attractions of practice and their minds towards the advancement of dentistry and the often thankless academic path.

As house surgeon in the Dental Department, he was obviously marked out by inclination and intellectual capacity for a brilliant career. He had, moreover, those qualities of quiet perseverance and selflessness which, together, subsequently led him very far towards his goal. It is quite appalling that one so young should be lost to our profession and to his family.

During the time he was at Guy's, he obtained academic distinctions in his final examinations, became a prizeman and was a most efficient and pleasant house surgeon.

To his wife and mother and infant son we send our most sincere sympathy.

A.R.F.T.

B.E.L. writes :

The tragic death of Ronnie Marx from a coronary thrombosis at the age of 29 has come as a sad blow to his many friends. He was devoted to his chosen profession and seemed destined for a brilliant future.

He entered Guy's in 1944 and qualified B.D.S. Honours in 1949. After an appointment as Resident Dental House Surgeon, he served in the Dental Branch of the Royal Air Force, following which he re-entered Guy's to study medicine. He obtained his medical qualification in 1956, and the Fellowship in Dental Surgery the next year. He found absorbing all branches of dentistry, but was especially drawn to oral surgery, and at the time of his death was Senior Registrar at the Maxillo-Facial Centre in Liverpool.

Ronnie will be sadly missed both as a colleague and as a man. His time was always at the disposal of his patients and his friends, and he gave of himself wholeheartedly in all that he did. We extend our deepest sympathy to his widow and family.

J.W.H. writes :

Ronnie Marx joined us in the Maxillo-Facial Unit at Broadgreen Hospital, Liverpool, just two years ago. Apart from the fact that he trained at Guy's he was an unknown quantity. He rapidly showed his abilities both academic and practical, endearing himself to colleagues and patients alike. With a prodigious capacity for hard work he never lost his equanimity or his sense of humour. I cannot recall anyone achieving such a mature clinical judgment as he had in his relatively short professional career and his future seemed limitless.

All who met him were aware of his personal and clinical integrity which were of the highest order, and we who worked with him feel that we have lost a very dear friend and that one of the brightest stars in the Dental Firmament has gone out.

Ronnie was blessed with an ideally happy home life and to his devoted wife Ann and baby son John we extend our affection and sympathy.

A short service, prior to cremation, on 10th May, was taken by the Dean of Liverpool who had baptised John in October, 1957.

L.C. writes :

It came as a great shock to me to learn of the tragic death of my friend Ronnie Marx. Ronnie and I were medical students together at Guy's after serving in the R.A.F. Dental Branch He was extremely conscientious, generous and always ready to help. If he could have been spared, I have no doubt that he would have "reached the heights" of the Dental profession.

To his wife, Ann and his mother I extend my heartfelt sympathy.

MISS MARY BENTHAM

Miss Mary Bentham trained at Guy's from 1915 to 1919, and made nursing her career, becoming Assistant Home Sister in 1939, and retiring in 1952. Her many friends will be sad to hear of her sudden death on 22nd May, but they will be happy to know that she was able to live an active life to the very end, and enjoyed the afternoon prior to her death visiting and enjoying the Chelsea Flower Show.

DR. STAFFORD-CLARK IN INDIA

Dr. Stafford-Clark (centre of front row) with the Medical College Union Executive, King Edward's Medical College, on 31st January, 1958.

THE RESIDENTS' BALL, 1958

The Residents' Ball was held this year at the Park Lane Hotel on 2nd May.

The guests were received by Mrs. Doherty and the President of the Residents, Mr. Tyrer. There was ample time to drink with old friends before everyone descended to the next floor for dinner and dancing.

The dinner was excellent and was served by an army of waiters and waitresses with parade-ground speed and timing. During dinner, music was played for the diners by a trio, which was then replaced by Tommy de Rosa's band as coffee was served. Dancing soon began on a good floor to some lively music, and one felt that the ball had really begun.

At 12.15 we were treated to a cabaret by Denis Yetman, Malcolm Tuddenham, and Mike Woodman, with Peter Drury at the piano. We heard songs from Mr. Yetman and Mr. Tuddenham, the words of which were written by Tim Cullinan and the music by Peter Drury. Mr. Woodman gave us a comedy turn entitled "Carmen Guy's", and in between the acts Mr. Yetman provided some conjuring in his faultless style.

Dancing then began again with everything from Rock 'n roll to Strip-the-willow, and in no time at all it was 2.00 a.m. and the last waltz was being played.

This enjoyable evening was very well attended by Guy's men and friends of Guy's past and present, all of whom I am sure would wish me to thank the organisers for a very successful ball. D.S.

TORULOSIS OF THE CENTRAL NERVOUS SYSTEM

Some Aspects of Laboratory Diagnosis and Treatment

By KEVIN ANDERSON, M.D.(Lond.)

From the Division of Bacteriology, Institute of Medical and Veterinary Science, Adelaide, South Australia.

Historical.

THE first recorded case of invasion of the central nervous system by a yeast is attributed to Zenker in 1861. The exact nature of the infecting organism is in doubt, and it would seem likely from the accounts that it was *Candida albicans*. A further case of systemic yeast infection was reported independently by Buschke and Busse in 1894 from Greifswald. Detailed drawings of the organism accompany this account, and the cells resemble *Cryptococcus neoformans*. However, de Crespigny (1944), in his review of torulosis of the central nervous system, states that it does not appear to have been a cryptococcus. In 1905 von Hansemann recorded the presence of capsulated yeast cells in cerebro-spinal fluid, but they were not identified and cultures were not made. Turk (1907) was the first to diagnose the condition during the patient's life, although he was accused of practical joking by the pathologist, who claimed that the cerebro-spinal fluid was, in reality, a yeast-infected urine from a diabetic case.

Since that time, cases have been reported from many parts of the world, including tropical countries. Involvement of the visceral organs and particularly the central nervous system, is a characteristic of the disease. Cutaneous lesions are rare, and in the survey of Cox and Tolhurst (1946) accounted for only 5 per cent. of cases. The disease is not uncommon in South Australia, and Cleland (1927) described a case in which the accompanying drawings clearly identify the organism as *Cryptococcus neoformans*. In the past year, four cases have been diagnosed in these laboratories. Whether this represents a true increase in the disease or a greater awareness on the part of laboratory workers, it is difficult to say.

Aetiology.

A single ætiological agent is responsible for torulosis in man, but there are innumerable synonyms. The following list gives some idea of the confusion which exists concerning nomenclature: *Cryptococcus neoformans*, (Sanfelice) Vuillemin (1901); *Saccharomyces sp.*, Busse (1894); *Saccharomyces neoformans* Sanfelice (1895); *Cryptococcus hominis*, Vuillemin (1901); *Torula neoformans*, Weis (1902); *Torula histolytica*, Stoddard and Culter (1916); *Cryptococcus histolyticus*, Castellani (1928); *Cryptococcus meningitidis*, Dodge (1935) and *Debaryomyces hominis*, Todd and Hermann (1936).

The organism appears in infected tissue, sputum or spinal fluid as an ovoid or spherical, single-budding thick-walled yeast, 5-20μ in diameter. It is surrounded by a wide refractile capsule. This is best seen in Indian ink preparations (Fig. I). By phase contrast microscopy, the protoplasm is seen to contain numerous refractile granules, some vacuoles, an indistinct nucleus and sometimes brownish or reddish pigment. The capsule is less well defined, however.

Distribution.

A number of strains are found as saprophytes on the skin of man and animals, on plants, fruit and decaying vegetable matter. Some authors hold the view that

only a few acquire pathogenic properties, but the recent work of Emmons (1955) has shown that a large number of naturally occurring strains are pathogenic for mice, and are therefore presumptive pathogens for man. Emmons has demonstrated an interesting relationship between *Cryptococcus neoformans* and the pigeon. This bird defæcates in its nest until the whole structure becomes a mass of inspissated fæces. Examining 111 such specimens, Emmons was able to demonstrate *Cryptococcus neoformans* by mouse inoculation in 63. No natural infection in pigeons has been detected, and this is not surprising since the organism cannot grow at the normal body temperature of this bird. It would appear, therefore, to pass unchanged through the gastro-intestinal tract.

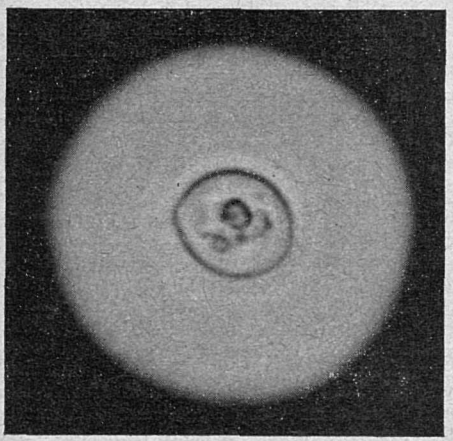

Fig. I. Cryptococcus neoformans.

Culture.

On Sabouraud's glucose agar at room temperature, *Cryptococcus neoformans* grows slowly, producing yeast-like colonies which are white, wrinkled and granular. After prolonged incubation, the colony becomes moist, slimy and brown or cream in colour. Microscopic examination of young cultures shows budding cells and some organisms with short germ tubes, suggesting mycelial formation. In older cultures, only budding cells are seen. The pathogenic cryptococci can grow at 37°C, whereas non-pathogenic strains cannot multiply at this temperature.. At temperatures of 40-42°C, neither strain can grow.

Animal Pathogenicity.

Intraperitoneal injection into white mice results in a viscous peritoneal exudate in 2-3 weeks. Encapsulated organisms can be detected in smears from this fluid. Mice surviving longer than 3 weeks develop macroscopic masses, gelatinous in texture, which may be associated with the mesentery, mediastinal lymph glands, lungs or cervical lymph nodes. The organism can be seen in smears, and cultured from all these lesions.

Pathology.

Torular infections are characterised by a remarkable lack of tissue reaction. The large spaces seen surrounding the organism in sections are almost certainly due to shrinkage of capsular material during fixation, and not to tissue lysis as was formerly thought. At autopsy, the meninges may appear almost normal, for organisms tend to be dispersed evenly in the subarachnoid space, giving a scarcely perceptible opacity. The brain is extremely slippery to touch owing to abundant gelatinous exudate. Not infrequently tubercle-like lesions may be seen along the course of blood vessels, and dense exudate may surround the brain stem. The cut surface of the brain usually shows many cystic spaces, often referred to as "white-anting", owing to their similarity to the appearances in infested timber. These spaces, which are often abundant in the region of the internal capsule, may be either dilated perivascular spaces or they may consist of a pure culture of torula lying in myxomatous capsular material. Microscopically, the organism may be demonstrated by Gram's stain or by the periodic acid-Schiff technique The scanty tissue reaction seen usually consists of giant cells, macrophages, lymphocytes and eosinophils. Polymorphonuclear leucocytes are scarce.

Toruloma.

Large aggregations of torula cells in the brain occur not infrequently, Cox and Tolhurst finding them present in four out of six cases in which the central nervous system was examined. Single collections are less common, but these authors report one which was discovered in the region of the right hippocampus. The largest in their series measured 5 cm. in diameter. A patient explored recently

by Mr. T. A. R. Dinning was found to have a thinly encapsulated extracerebral mass in the right precentral region. This was adherent to, but did not involve the superior sagittal sinus. Measuring some 5 cms. in diameter, it was coarsely lobulated and contained uniform, myxoma-like tissue. Smears from this showed large numbers of torula cells and section confirmed the diagnosis of toruloma (Fig. II). The patient subsequently developed a generalized torular meningitis and is, at present, receiving treatment with Fungizone.

Pathways of Infection.

Of the twelve cases described by Cox and Tolhurst, six had proven pulmonary torulosis, and this is generally held to be the main portal of entry. However, cases of meningitis have been described where the most careful post-mortem search, both macroscopically and microscopically, has failed to reveal a lung lesion. In such cases, it is suggested that the original focus may have been extremely small and may, in fact, have subsequently healed.

Immunology.

There have been many conflicting early reports on the value of immunological procedures in the diagnosis of torula infections in man. Benham (1935) showed by agglutination and precipitation tests that strains of *Cryptococcus neoformans* were antigenically identical and that a non-pathogenic strain was closely related antigenically to those isolated from patients. The most significant work has been done by Neill, Sugy and McCauley (1951), who have demonstrated that patients suffering from torulosis excrete the capsular substance in much the same fashion as cases of pneumonia excrete the Specific Soluble Substance of the pneumococcus. Using a potent rabbit precipitating antiserum, Neill was able to demonstrate a precipitin reaction with specimens of cerebro-spinal fluid, serum and urine from cases of cryptococcal infection. The precipitating property of the rabbit serum could be adsorbed with a purified preparation of capsular substance from *Cryptococcus neoformans*. Now that recent discoveries hold out hope of controlling and even curing the disease, this test becomes of great importance in permitting early diagnosis and treatment.

Biochemistry and Cytology of C.S.F.

The intraspinal pressure varies enormously from case to case, and may be as low as 80 mm. or as high as 100 mm. It is in no way related to the number of torula cells in the specimen. In appearance, the fluid may be clear or turbid, colourless or yellow. The cell count may also be extremely variable, with extremes of 20-300 cells per c.mm. Lymphocytes usually predominate, sometimes to the exclusion of all other cells. Polymorphonuclear cells can, however, represent over 50 per cent. of the total count. The total protein content is usually raised and tests for excess globulin are positive. Both chloride content and sugar are lowered, although a normal chloride does not exclude the disease.

Microscopy.

Torula cells may often be detected in the counting chamber by an experienced microscopist. Using a diluting fluid containing methyl violet, the cell stains less deeply than leucocytes and the capsule may be seen by reducing the substage illumination. A further characteristic is the small beak-like projection often seen at some point on the circumference of the cell wall. This irregularity, which doubtless represents the commencement of a bud, further distinguishes the torula cell from a lymphocyte or red cell. It is possible to count the cells, and such figures may give some indication of the progress of the disease and the response to treatment. If the organism is not detected during the cell count, the centrifuged deposit should be mixed with Indian ink and examined under a coverslip. The slide may be scanned with the 2/3rds objective and suspicious areas examined under high power. The capsular halo of the torula cell is very large, completely spherical, bright and distinct. The halo surrounding certain leucocytes is narrow, irregular and less clear-cut. Under low power, if the capsule be disregarded, the cell itself is very similar to a red blood corpuscle, both in dimensions and general appearance. However, under the 1/6th objective, the internal structure of the cell is immediately visible and an early or fully developed bud may assist identification. The presence of torula cells should be confirmed by culture on Sabouraud's medium at room temperature and 37 C. Mouse inoculation should also be performed when microscopy leaves the diagnosis in doubt. When bacteriological confirmation is lacking, it is worth examining cerebro-spinal fluid, serum and urine for soluble antigens as

described by Neill, Sugy and McCauley. Although a potent precipitating antiserum is tedious to prepare, the value of this test should be further explored in areas where torulosis is relatively common.

Treatment.

A number of substances have been used from time to time in a vain attempt to arrest the progress of this disease. Unfortunately, some cases may remit spontaneously, and may even become temporarily symptom-free, so that the effect of any particular drug must be interpreted with caution.

Iodides have been given in large doses by mouth and also intrathecally but without benefit. Some good results have been claimed for the sulphonamide group, and Marshall and Teed (1942) state that sulphadiazine is of particular value. *Cryptococcus neoformans* is completely resistant to penicillin and this antibiotic is valueless in the treatment of the disease. Two antifungal antibiotics isolated by Hazen and Brown (1951) gave the first indication that some specific treatment might eventually be available for torulosis. Cultures of *Streptomyces noursei* yield two substances which inhibit the growth of *Cryptococcus neoformans.*

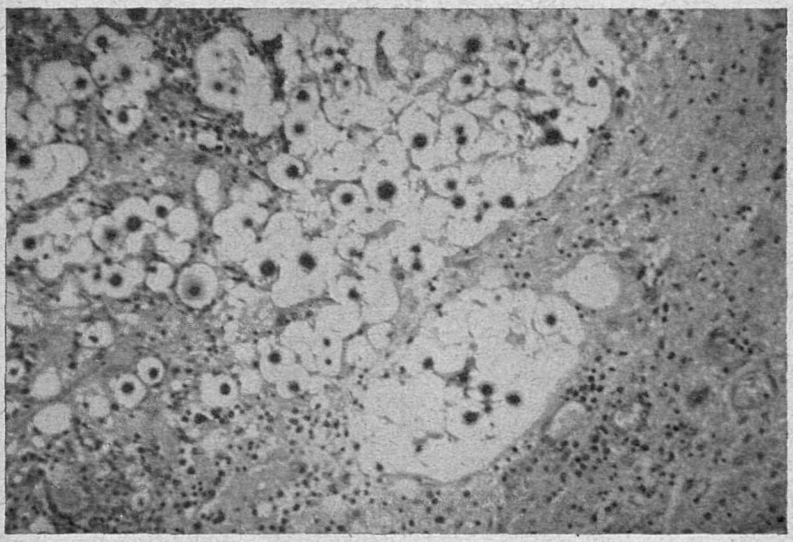

Fig. II.—Extra-Cerebral Toruloma.

The first is water soluble and has been called Actidione. It has a minimal inhibitory concentration of 3.13 μg/ml. The less soluble substance is Nystatin, which inhibits growth at a concentration of 1.56 μg/ml. Despite these impressive figures, the two antibiotics have been disappointing in the treatment of torulosis. Nystatin, when given orally, produces very low serum levels, and an intravenous preparation has lately been tested with more encouraging results.

Amphotericin B and Fungizone.

The most promising substance has been recently derived from an unidentified *Streptomyces* isolated from a South American soil sample. The Squibb Institute for Medical Research named this antibiotic Amphotericin B. Originally insoluble in aqueous solutions, the drug has lately been made soluble by the addition of sodium desoxycholate. This preparation, in every other way identical to amphotericin, is now known as Fungizone. It has no effect on bacteria and is specifically indicated in the treatment of disseminated mycotic infections. Louria, Feder and Emmons (1956) found that Amphotericin B was fungistatic for *Cryptococcus neoformans* in concentrations between 0.03-0.16 μg/ml. The recommended daily dosage of Fungizone for intravenous infusion lies between 0.25 mgm/kg and 1.0 mgm/kg body weight. The solution should be prepared in 5 per cent. dextrose for injection. The total daily dose should not exceed 1.5 mgm/kg and a close

watch must be kept for toxic effects which include headache, nausea, vomiting and a rise in blood urea nitrogen or non-protein nitrogen. Transient anorexia, rigors and fever may be seen at the beginning of treatment, but these usually disappear without reduction of dosage. Although treatment with this antibiotic is still in the experimental stage, reports from America are extremely encouraging. Two cases of torular meningitis have received Fungizone at the Royal Adelaide Hospital. The first, under the care of Mr. Donald Simpson, improved dramatically, both clinically and bacteriologically, with a fall in the C.S.F. torula count from 300 to 10 cells per c.mm. Unfortunately, supplies of antibiotic became exhausted and the patient suffered a fatal relapse before more could be obtained. The case of toruloma previously mentioned, is still under treatment at the time of writing and has shown definite clinical improvement. Fungizone would appear to be the most promising substance yet discovered for the treatment of this otherwise fatal condition.

* * * *

My thanks are due to Mrs. F. Edwards and Mr. W. Nolan for assistance with the photomicrographs, and to Mr. T. A. R. Dinning, F.R.C.S. and Mr. Donald Simpson, F.R.C.S., for permission to mention their cases.

Supplies of Fungizone and Amphotericin B have been kindly given by the Squibb International Division, New York, and by Dr. Michael Furcolow, Communicable Disease Centre, Kansas City.

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NOTICE

THEATRE CLUB

The Annual General Meeting of the Guy's Theatre Club will take place on Tuesday, 17th June, 1958, at 5.15 p.m., in the Physiology Theatre.

Sixty Years Ago

From Guy's Hospital Gazette, 4th June, 1898.

Dear Sir,

From a table published by Dr. Robert Bell in the *British Medical Journal*, 12th March, we learn that the mortality under anæsthetics during the three years preceding the Hyderabad chloroform commission (1889-90) were:—
1887, 16; 1888, 11; 1889, 18; reported from England alone.

Impressions of Lecturers—IX. Mr. Blackburn

CORRESPONDENCE

Letters to the Editor of the Gazette

"Pulse" Irregular

From Mr. N. Eckhoff

SIR,—A complimentary copy of a new Guy's publication called *Pulse* has been sent to me. It claims to be the official organ of the Guy's Hospital Students' Union. It calls itself a newspaper rather than a magazine, and hopes to publish twice each term. Since it may or may not fall into the hands of readers of the *Gazette*, and since the first number contains certain mis-statements, I feel I am entitled to make a few comments.

For the benefit of readers who may not know the history of the Students' Union, I should explain that this Association came into being during the war at Tunbridge Wells, and was composed mostly of pre-clinical students. After the the war it was admitted as a constituent institution of the Clubs' Union. It was then recognised that it was performing a useful function, particularly in welcoming new students and arranging meetings and social gatherings for them. I believe it still carries out this function admirably, but I get the impression that the students in the wards gradually find that other activities claim their attention and time.

The Students' Union is one of the younger sons of the Clubs' Union, whilst the Students' Club, one of the elder, and more costly, still continues its paramount duty of providing Club premises and amenities. I will not at the moment comment upon the fact that the younger brother now wishes to swallow up the elder, except to note that a resolution in favour of amalgamation was passed at a special meeting of 70 students (out of a possible 900 to 1,000) and that many of these left the meeting as soon as the votes had been cast. It is most important to note that new additional Club premises are now available, the cost of which has been entirely borne by the School, and have not (to date) cost the Clubs' Union a penny.

But I must object most strongly to the stop press announcement that "despite fulfilment of constitutional requirements Clubs' Union Council turned down Students' Union request to hold Public General Meeting to discuss proposed rise of fees from six to nine guineas". Nor can I suppress a wry smile when I read on another page that the Students' Union Council "expressed its approval of the proposed rise in (Clubs' Union) fees".

The facts are : The Clubs' Union Council is a properly elected body consisting of 6 Staff, 7 Junior Staff and 12 Student representatives. When, reluctantly and belatedly, the question of increase of subscription was mooted, I expected strong opposition from the student members, when in fact the reverse occurred. By constitution a notice was then inserted in the *Gazette*, and the matter voted on at the next meeting of the Council. It has since, also by constitution, been referred to the Governors of the Medical School for their opinion, whilst the opinions of the constituent institutions have not been sought, except through their elected representatives.

A letter was also received from the Students' Union asking if the Clubs' Union would consider holding a special general meeting to explain how the money was to be spent. Since the expenditure of funds is controlled most carefully by a Finance sub-committee, by the Secretary and Treasurer, and by the Officers of the Medical School, and since each constituent institution has a right to present its case to the Finance sub-committee, it was not thought necessary to explain the details to the general body of students, and the Council voted accordingly. The audited accounts are available for inspection in the Medical School Office, and are published from time to time in the *Gazette* (not annually because of the high cost of printing).

Yours etc.,

N. ECKHOFF,

Treasurer, Guy's Hospital Clubs' Union.

SIR,—I should like to make some comment in your columns on the re-appearance of *Pulse*.

Firstly, one welcomes this old friend among us again.

Secondly, I should like to ask the Editors of *Pulse* to be more careful in future editions to get their facts correct. In fact, at the last meeting of the Clubs' Union Council the requirements for an Extraordinary General Meeting were not fulfilled, as no form containing twenty signatures of members was presented to that meeting.

Yours etc.,

A. P. LEES,

Bar Representative, Clubs' Union Council.

Guy's Hospital, S.E.1.

Biennial Dinner—Clinical Meeting

From Mr. N. Eckhoff

SIR,—The response to the circular enclosed with a previous number of the *Gazette*, concerning the possibility of holding a Clinical Meeting in association with the Biennial Dinner, was not very great. The Medical Committee has therefore decided not to hold such a meeting in 1958. However, it is intended to go forward with preparations for such a meeting in 1960, when we hope the new Guy's House will be ready for inspection.

Yours etc.,

N. ECKHOFF.

Guy's Hospital, S E 1.

REVIEWS

Protides of the Biological Fluids. By H. PEETERS. Cleaver-Hulme Press. 1958. Pp. 260. *Price* 45*s*.

In spite of its deplorable title, this book contains much that will interest the laboratory worker, field scientist and clinician. It is a collection of papers about *proteins* presented at the 5th Colloquium on proteins held at Bruges in 1957. To quote the Preface :

"The present volume includes an opening lecture by Professor A. Tiselius of Uppsala on the past, present and future of electrophoresis, forty contributions by scientists from Austria, Belgium, England, France, Germany, The Netherlands, Sweden and Switzerland, and also a general Round Table Discussion on the standardization and the progress of electrophoresis as a clinical tool. While the main emphasis is on electrophoretic methods, other techniques are also dealt with. Some of the papers presented have been published in *Clinica Chimica Acta*; most of them are published here for the first time.

Besides two papers on the technique of the two-dimensional electrophoretic method, eight others deal with the technical aspects of zone electrophoresis on paper, on gelose, and on cellulose acetate strips. The polarographic determination of protein fractions is also considered.

The many clinical documents on various biological fluids include ten papers on the protides of blood, urine, and pericardial and cerebrospinal fluid.

Some biochemical constituents of protidic nature or origin in the living animal are considered in a further nine original papers; chromatographic study of hemoglobin, and gelose electrophoresis of insect proteins are only two of the topics dealt with."

Some of the papers are in English, some in German and some in French. All have summaries in English, which is the language of discussion. As indicated above, a wide range of subjects is covered. There are many excellent illustrations and most useful bibliographies. Among much which is so good, this reviewer was particularly impressed by the article by T. H. J. Huisman, of the Department of Pediatrics, University of Groningen, on "Abnormal Human Hæmoglobins".

No one seriously interested in proteins, and especially in the methods available for their fractionation and estimation in body fluids, can afford to be without this volume.

G.A.D.H.

Medical Ethics. A Guide to Students and Practitioners. By MAURICE DAVIDSON, D.M., F.R.C.P. Lloyd-Luke Medical Books Ltd. Pp. 165. *Price* 20*s.*

Ideals in Medicine. A Christian Approach to Medical Practice. By VINCENT EDMUNDS, M.D., and C. GORDON SCORER, M.D., F.R.C.S. Tyndale Press. Pp. 192. *Price* 12*s.* 6*d.*

Law and Ethics for Doctors. By STEPHEN J. HADFIELD, M.A., M.B., Eyre and Spottiswoode. Pp. 399. *Price* 42*s.*

Each of these three excellent books approaches "Medical Ethics" with the avowed intention of providing guidance in a field where the literature is sparse and far from exhaustive. They part company immediately in their interpretations of the word "Ethics", and they vary in the amount of philosophical reflection which they allow themselves.

Dr. Davidson has edited the authoritative views of eleven contributors, including three chapters of his own. As Dr. Hugh Clegg says in the chapter on Professional Ethics, the borderline between ethics and etiquette is extremely indistinct, but he quotes Aristotle to the effect that "the wise man must not only know what follows from first principles, but must also possess truth about the first principles". In this book the first principles are almost invariably those of the practising Anglican, and a chapter on "Medicine and the Church" is contributed by the Bishop of Durham. Sir Heneage Ogilvie has written a pungent but warm-hearted chapter on "The Doctor's Relationship with his Colleagues". The functions of the G.M.C., the doctor vis-à-vis the Law, care of the dying and experimental medicine are among the full range of subjects dealt with. The chapter on Contraception, Abortion, Sterilization and Artificial Insemination is based more on sentiment than on first principles, but the book as a whole will be welcomed by Anglican doctors, and by others with reservations, as a guide in matters of professional conscience.

Dr. Edmunds and Mr. Scorer have edited the fruit of the work of a Christian Medical Fellowship study group of thirteen members. Without a denominational leaning, their book presents a specifically Christian view of the life of a doctor, in his personal standards, ideals and aims, and in his relations with his patients. It is distinguished by a warm compassion for the patient when morally and spiritually, as well as physically troubled. Faith healing and medical missions are among the topics, with child guidance, psychological medicine and "the control of life". In the latter chapter, it is good to find specific views stated and defended, on abortion and euthanasia for example, with full awareness that they will not be universally accepted, but as an honest expression of considered opinion. As the editors point out, it is their hope that their book will in this way stimulate profitable discussion.

Dr. Stephen Hadfield is Assistant Secretary of the British Medical Association, and with minor contributions from others, he has produced a comprehensive guide to professional ethics for the British doctor. All the complex rules of conduct drawn from Acts of Parliament, legal precedent and professional etiquette are clearly set out in a readable but not a diffuse manner. A description of the General Medical Council and its disciplinary procedures is followed by a discussion of obligations to colleagues and patients. The Law Courts and Coroner's Court are dealt with. There is a welcome chapter on Negligence and its corollary, litigation. Registration of births, deaths, and infectious diseases are discussed, as are abortion, sterilization and artificial insemination. The Roman Catholic view on these and other subjects is stated accurately, though in the case of Cæsarean Section with misleading brevity. The National Health Service, Superannuation and Income Tax bring up the rear with some useful factual appendices. A good index completes this invaluable volume. With it, no doctor need feel ill at ease for lack of authoritative guidance on legal and ethical procedure.

J.A.W.

I Walk on Wheels. By ELIZABETH SHEPPARD-JONES. Geoffrey Blès. *Price* 15*s.*

After a bomb injury in 1944, followed by the news that she would never never walk again, the author set out to overcome the odds that faced her With perseverance and a sense of humour, she has been able to go a long way. This account emphasises the importance of modern developments in conveyances, and the need for firm friends when one is disabled. More important, though, is the message that in time, determination will secure adaptation to disability, to what seemed at first an impossible degree.

A.S.

Holiday Beaches of Northern France. By DAWSON GRATRIX. Herbert Jenkins. *Price 15s.*

This book certainly fills a much-felt need. The area it covers is too great to be dealt with in any single local guide book, and any guide book to the country as a whole of necessity must deal with the subject too briefly to give a good idea of the real holiday facilities of each town. The author logically takes the towns separately, working in geographical progression down the coast; each place is given the space it deserves based on popularity, size and facilities, but not, and this is a recommendation of any book, based on the author's personal preferences. The recommendations are those which may suit the entire family, for this is a corner of France which has always specialized in comprehensive pleasure. The names of the most popular resorts, Deauville, Le Touquet, Dinard, St. Malo, Etables, all have a more or less old-fashioned ring to them now, and the author has done much to convince the reader that enjoyment hasn't palled with the years. But it is to the smaller, more unknown places that he really calls us; an introduction is made and one is left to improve the acquaintance for oneself. I know of one or two which he doesn't mention and which I shall keep to myself. This book, by an old Guy's man, is excellent and most highly recommended.

T.R.C.

CRICKET

Guy's v. Orsett

Result—Won 3rd May 1958

The first match of the season started on a splendid sunny afternoon. Orsett won the toss and elected to bat. Leigh-Brown and Dyde started the attack, Leigh-Brown being particularly hostile. He earned himself three well deserved wickets. When Banks came on the scoring rate slowed. In fact he was so accurate that nothing more than a single was scored off him until the tailenders' final fling. Banks' six victims may be attributed to frustrated batting against consistent accuracy.

Guy's opened their innings needing 145 in just over 2 hours. After a shaky start Pagliero settled down hitting the ball hard on the off side. Trayfoot was yorked fairly early on and Elsdon-Dew came in to play a steady innings until he was stumped when trying to increase the scoring rate. Dyde had the same idea and smote the ball hard over the bowler's head and scored 33 in quick time. Roberts came in to get the last few runs. Guy's thus won by seven wickets with Pagliero having scored an undefeated 81.

Guy's

K. M. Pagliero not out	81
N. Trayfoot b. Migliorini	2
R. Elsdon-Dew st. Lester b. Oxley	21
A. Dyde c. Lester b. Cole	33
D. Roberts not out	4
Extras	5
Total for 3 wickets	146

G. Bury, A. Leigh-Brown, P Sievers, J. Eustace, R. Norman, and P. Banks did not bat.

Orsett for 10 wickets .. 144

Bowling

A. Leigh-Brown 3 for 37.
P. Banks 6 for 43.

Guy's v. Dulwich

At H.O.P. 4th May 1958

Result—Won

Guy's

A. Leigh-Brown b. Meekins	0
D. Roberts b. Fisher	8
A. Dyde, b. Meekins	0
N. Trayfoot, l.b.w. Meekins	0
G. Bury, b. Meekins	3
P. Sievers, not out	52
J. Eustace, not out	17
J. Evans, J. Sedgewick, R. Norman, and P. Banks, did not bat.	
Extras	8
Total for 5 wickets	88
Dulwich for 10 wickets	80

Bowling

A. Leigh-Brown, 4 for 13. A. Dyde, 2 for 15. P. Banks, 3 for 15.

Guy's v. Wanderers

At H.O.P. 7th May, 1958

Result—Lost

Guy's

M. Tuddenham, l.b.w. b. Reading	5
R. Juniper, run out	13
N. Trayfoot, b. Malcolm	18
D. Roberts, st. Richardson, b. Malcolm	20
A. Dyde, b. Malcolm	0
R. Warren, c. Clarke, b. Malcolm	2
J. Eustace, c. Clain, b. Malcolm	0
E. Barker, b. Prescott	10
J. Sedgewick, c. Clarke, b. Prescott	0
R. Norman, run out	27
A. Leigh-Brown, not out	16
Extras	6
Total for 10 wickets	117
Wanderers for 10 wickets	138

Bowling

A. Leigh-Brown	6-42	A. Dyde	2-41
N. Trayfoot	1- 4	J. Sedgewick	1-20

Guy's v. Honor Oak

At H.O.P. 10th May, 1958

Result—Lost

Guy's

M. Tuddenham, l.b.w., b. Cheeseman	5
R. Juniper, b. Palmer	14
P. Sievers, b. Cheeseman	7
A. Leigh-Brown, b. Cheeseman	5
N. Trayfoot, c. Beamish, b. Best	23
G. Bury, st. Beavan, b. Sheffield	17
A. Dyde, b. Cheeseman	16
R. Norman, st. Beavan, b. Sheffield	30
T. Clark, c. Best, b. Palmer	6
J. Sedgewick, not out	13
P. Banks, did not bat.	
Extras	27
Total for 9 wickets, declared	163
Honor Oak for 9 wickets	165

Bowling

A. Dyde	3-49	J. Sedgewick	1-34
P. Banks	1-23	T. Clarke	1-16

Guy's v. Ashtead

Away — 11th May, 1958

Result—Won

Guy's

M. Tuddenham, b. Weller	34
D. Roberts, c. Clemence, b. Weller	15
J. A. Dyde, c. Renwick, b. Clemence	21
G. Bury, b. Clemence	20
J. Eustace, st. Edwards, b. Clemence	34
P. Sievers, b. Clemence	7
S. Lam, b. Clemence	0
A. Leigh-Brown, c. Renwick, b. Wetherill	0
E. Barker, b. Wetherill	0
P. Banks, not out	7
N. O'Sullivan, b. Clemence	3
Extras	10
Total for 10 wickets	152

Ashtead for 10 wickets — 132

Bowling

A. Leigh-Brown	4-39	D. Roberts	1-24
P. Banks	3-40	E. Barker	2-14

Guy's v. Stoics

At H.O.P. — 14th May, 1958

Result—Lost

Guy's

R. Juniper, c. Ralph, b. Newton	17
R. Norman, c. Parks, b. Payne	13
J. A. Dyde, st. Ralph, b. Iberson	45
M. N. Morgan, c. and b. Iberson	16
D. Roberts, b. Payne	22
G. Bury, c. Pollock, b. Payne	7
J. Eustace, b. Payne	0
N. Trayfoot, st. Ralph, b. Iberson	4
E. Barker, l.b.w., b. Payne	5
J. Sedgewick, st. Ralph, b. Payne	0
A. Leigh-Brown, not out	2
Extras	7
Total for 10 wickets	138

Stoics for 4 wickets — 139

Bowling

A. Leigh-Brown	1-30	J. A. Dyde	3-44

Guy's v. Reigate Pilgrims

At Reigate — 18th May, 1958

Result—Won

The toss was won by Reigate and they elected to bat on a damp wicket which helped the bowlers slightly. The wickets fell regularly about every 10 runs. Morgan, Leigh-Brown and Banks all bowled well and deserved their wickets. Morgan especially deserves credit because he got two wickets after the lunch interval, bowling while in great physical pain. Had Guy's fielding been a trifle better, Reigate would certainly never have reached 100 runs.

Guy's then went in to bat with the wicket no easier to bat on. The ball tended to lift sharply off a length and all three Reigate fast bowlers bowled well. Both Pagliero and Dyde had brief but satisfying innings and Guy's soon had 67 for 3. Sievers showed the crowd some good driving before he was bowled for 31. After that Guy's collapsed in a minor degree and the last 20 runs were made with the cost of 4 further wickets.

A very enjoyable keen match followed in which the two teams both scored 89.

It certainly needs mentioning that two of the Guy's team, Bury and Eustace, were away walking from London to Brighton. Both arrived safely in a very short time and their stamina can only be attributed to their many sprints from the wicket to the boundary and back while fielding for the 1st XI this season.

Guy's

K. M. Pagliero, b. Workman	16
R. Juniper, c. Brunt, b. Workman	4
J. A. Dyde, b. Jones	16
P. Sievers, b. Jones	31
D. Roberts, b. Jones	5
R. Norman, st. Osborne, b. Harris	4
A. Davies, b. Jones	0
M. N. Morgan, not out	9
S. J. S. Lam, not out	3
A. Leigh-Brown and P. Banks, did not bat.	
Extras	13
Total for 7 wickets	101

Reigate for 10 wickets — 100

Bowling

	O.	M.	R.	W.
Morgan	10	5	15	3
Dyde	6	3	6	0
Banks	14	4	52	3
Leigh-Brown	11	5	23	3

Junior Cup—1st Round

Guy's 2nd XI v. Middlesex Hospital 2nd XI.

Away — 21st May, 1958

Result—Won

Guy's won the toss and decided to bat on a plumb wicket. The start was at 11.0 a.m. on a fine sunny morning with a forecast of possible showers later, which in fact never materialised. After about twenty minutes Tanner was bowled by Keeling with only 17 on the board. Trayfoot at No. 3 went soon after to a good catch behind the wicket at 21, and Murphy, who had looked well set with 19 to his credit went 7 runs later. We were 32 for 4 shortly afterwards when Green was caught well at square leg off a hook which went rather too high and not far enough. A not very auspicious start. The next wicket did not fall until 147 runs later, at 179.

This was due to two fine innings by Sedgwick and Davies. They pulled the game out of the fire when it looked as if there might be a repeat of the Honor Oak game. Sedgwick took 1 hr. 50 mins. for his 88 runs and was cutting and driving beautifully when he was caught very well attempting a late cut. Davies took just over 2 hrs. for his 64—supporting Sedgwick when he was scoring freely and stepping up his own rate when he went. He has now scored 134 in three innings for the 2nd XI—one an unbeaten 50 last week His average is now 67.

By this time with, the score 213 for 6 and the bowling wilting a little it was decided to thrash up as many quick runs as could be had before declaring. Batten achieved 27 before being run out of breath by Lee-Potter who thus saved his average.

Guy's then declared at 232 for 7, leaving Middlesex 210 minutes in which to get the runs. They reached 46 for 1, but were 50 for 5 soon after. Barker had come on the top end and his off-cutters were coming off the pitch very crisply. Woodman got two from the bottom end and Barker finished the day with 5 for 37.

Of the remaining batsman—one was thrown out by Smith from cover when some yards from his crease (following this singles to cover were not taken); and the leg-spinners Sedgwick and Tanner got one each from the bottom end.

Middlesex were all out for 130 at a quarter to six—a convincing win for Guy's.

Guy's II

R. Tanner, b. Keeling	3
A. Murphy, lbw. Mortimer	19
N. Trayfoot, c. wkt. b. Keeling	0
C. Green, c. and b. Parry	3
J. Sedgwick, c. and b. Mortimer	88
J. Davies, b. Madigan	64
B. Batten, run out	27
J. Lee-Potter, not out	14
M. Woodman, not out	0
D. Smith and E. Barker, did not bat.	
Extras	14
Total for 7 wickets	232
Middlesex Hospital II	130

Bowling	W.	R.
Lee-Potter	0	16
Woodman	2	46
Barker	5	37
Sedgwick	1	14
Tanner	1	1

Guy's 2nd XI v. Orsett 2nd XI

3rd May, 1958 Result—Lost

Orsett 130 for 9. Guy's 112.
R. Tanner 59. E. Barker 3 for 8; P. Fanning 3 for 24.

Guy's 2nd XI v. Honor Oak 2nd XI

10th May 1958 Result—Lost

Honor Oak 175 for 6 declared. Guy's 41.
J. Davies 20. M. Woodman 4 for 34; E. Barker 2 for 49.

Guy's 2nd XI v. Dulwich 2nd XI

17th May, 1958 Result—Drawn

Guy's 107 for 7 declared. Dulwich 79 for 8.
J. Davies, 50 not out. J. Lee-Potter, 3 for 27; E. Barker, 3 for 33.

SAILING

GUY'S REGATTA

Burnham-on-Crouch

17th & 18th May, 1958

For the first time in the writer's memory, Apollo decided not to strike during the Regatta and forty-six people enjoyed two days of relatively peaceful sailing. The United Hospitals' Sailing Club was crowded with Guy's men and women, some hardened yachtsman, some brazen novices but most a sort of sublime "in between", all bent on spending as much time on the water as was possible. Indeed, one young lady was so anxious to get into a boat, that she misjudged her distances and settled down to a stylish front-crawl for the bank.

The two days were divided into a race on the Monday for the Ogilvie Cup and cruising on the Tuesday. Everyone was pleased to see Sir Heneage and Lady Ogilvie at the Dinner held in the Ship Hotel on the Monday night, and it is believed Sir Heneage was also pleased to see such a large and keen crowd to welcome them. Lady Ogilvie presented her cup at the Dinner to Robin Heath, who had won the afternoon's race convincingly.

Guy's were again fortunate in borrowing three keel boats from members of the Royal Corinthian Yacht Club and these, together with the Sharpies and dinghies owned by the United Hospitals Sailing Club would have made an impressive fleet for the Tuesday cruise. Owing to a misunderstanding, however, the three keel boats went up the river to Fambridge, whilst all the others went down the river to Paglesham. Nevertheless, each section had a very pleasant time, although we understand that the Paglesham division managed to make the Plough and Sail before closing time, whereas the Fambridge fraternity, despite a new Guy's record for the 100 yards by Mike Lake, was just too late at the Ferry Boat Inn.

Sincere thanks are due to the Secretary, Jim Mather (ably assisted by the Treasurer, John Williams), and to those two blossoming dentists, Jill Ransome Wallis and Daphne Butwick—who between them satisfied everyone's hunger pains—for the faultless organisation of the Regatta. It is to be hoped that people equally as capable will be available next year to provide us with another first-class meeting.

J.P.B.

Race Result :

OGILVIE CUP

1. Robin Heath.
2. John Cutler.
3. Michael Lake.

ROWING

U.L.B.S. ALLOM CUP REGATTA

24th May, 1958

Guy's entered an eight in the Roderic Hill Trophy competition of this event.

The races are rowed over a course of 1 mile between the Kew Railway Bridge and the Ship Inn at Mortlake.

In the first heat Guy's were drawn against Royal Veterinary College. There was a strong blustering head wind and a strong ebb tide making conditions poor. Guy's got off to a good start and were a canvas up at the U.L. Boathouse. By the ½ mile Guy's were clear and took R.V.L's water. In the strong head wind Guy's advantage in fitness was very evident and with a comfortable lead of 2 lengths Guy's paddled over the last part of the course to win by 2 lengths.

In the semi-final of the event Guy's met the holders, Imperial College. The race was rowed up stream, with the wind and against the last of the tide. Guy's got off to a bad start and as the crews came under Chiswick Bridge, Imperial College were 1½ lengths up and at Quinton R.C. 2 lengths up. Guy's fought back along the whole of the course to lose by 1½ lengths at the Railway Bridge. Imperial College won the event.

Crew

Bow: W. Long, (2) P. G. J. Dobson, (3) H. Clink, (4) F. Schweitzer, (5) D. Wright, (6) R. H. S. Mindham, (7) R. M. J. Andrews, *Stroke:* J. Axton, *Cox:* P. Tombleson.

UNITED HOSPITALS' ROWING CLUB BUMPING RACES

May, 1958

In the United Hospitals' Rowing Club Bumping Races held on 27th, 28th, 29th May, Guy's retained their position of 2nd in the 1st division. The races are held over a mile and a half course alongside Kew Gardens and finishing at Kew Bridge. The crews start 1½ lengths apart.

On the first night Guy's II and Guy's III both rowed over; Guy's II being the untrained but experienced gentlemen's crew, starting at the top of the 2nd division. In the first division Guy's I had a hard race with St. Bart's who pressed to within ¾ length during the first two minutes. Guy's held them off rowing strongly at 32. From Brentford dock Bart's let Guy's get well away and Guy's passed the finish 2½ lengths clear. Guy's made little impression on St. Thomas's who started Head. Guy's II rowed over as Sandwich boat.

On the 2nd night Guy's II again rowed over Head of the 2nd division and at the bottom of division I. Guy's III were bumped by Middlesex II after a chase which ended just past Brentford Dock. Guy's I, again had a hard race. They got off to a fine start but Bart's were soon only ½ length away. The crews rowed like this for 2 minutes, Guy's striking about 34 during this period. After the dock Guy's pulled away to 1 length with a strong ten and at the finish were 1½ lengths clear of Bart's who were being pressed very hard by Westminster.

On the last night Guy's II once again rowed over head of the 2nd division. Guy's III rowed over after a hard tussle with London III which left them a length clear at the finish. Bart's made an all out bid to bump Guy's I. Striking something like 38 in the first minute they soon came up to within ½ length. Guy's held them off rating about 34. In the third minute Guy's struck about 36 and were ¾ length clear at the beginning of the fourth. Here Bart's began to wilt markedly and Guy's lead rapidly opened up to 1 length then 1½ lengths. Bart's were again being hard pressed by Westminster and after 5 minutes they were bumped leaving Guy's to paddle safely home past the finish. It was on the last night that Guy's made most impression on St. Thomas's coming to within ¾ length during the spurt in the third minute Guy's II, rowing at the bottom of division one as "Sandwich Boat", bumped Bart's III to give Guy's two boats in the first division for the first time. They made their bump opposite the Dock, after about 3 minutes rowing.

The end of the Bumps for this year was marked by the usual Bumps Supper which was well patronised by the Guy's Club.

FINAL ORDER

Division I

St. Thomas's.
Guy's.
Westminster.
St. Bartholomew's.
London.
St. Mary's.
Middlesex.
St. George's.
St. Thomas's II.
St. Bartholomew's II.
Guy's II.

Crews I

Bow: W. Pryse-Phillips, (2) P. G. J. Dobson, (3) H. Clink, (4) F. Schweitzer, (5) D. Wright, (6) R. H. S. Mindham, (7) R. M. J. Andrews *Stroke:* J. Axton, *Cox:* W. Gronpent.

II

Included: H. D. Weintraub, E. M. Hoskins, W. Long, D. C. Inman, M. A. C. Lake, T. H. Redpath, R. H. Rippon, M. Keir, G. J. Longson, J. D. Pullan, A. E. P. Hudson.

III

Bow: D. H. Lynn, (2) J. G. Holmes-Smith, (3) A. P. Lees, (4) M. Mitchener, (5) G. M. Preston, (6) J. Stanford, (7) A. G. Williams, *Stroke:* D. H. Richards, *Cox:* I. W. Jones.

LAWN TENNIS

Guy's v. St. Bartholomew's Hospital

2nd Round United Hospitals' Cup

At H.O.P. 14th May, 1958

Result—Won 6-3

Guy's found their opponents a stronger team than of previous years and St. Bartholomew's first pair played intelligent tennis and won all their matches. However, the Guy's team were more well-balanced, and took the remaining matches without much difficulty.

M. Mitchell and M. Devereux, Won 2, Lost 1.
K. Smith and M. Blake, Won 2, Lost 1.
D. Sellman (Capt.) and R. Rose, Won 2, Lost 1.

CAMBRIDGE WEEK-END

May 17th and 18th

Guy's had two fixtures—St. Catherine's on the Saturday, and St. John's on the Sunday.

On both days the wind was difficult to master, and a certain amount of careless play was seen. With all justice to the Guy's team, the opposition was weak; in fact, only one set was lost in all 18 matches.

For several years, Guy's have been unbeaten by Cambridge Colleges. It is hoped that in the future the Hospital will be honoured with a fixture against at least the Cambridge University 2nd team.

Guy's v. Imperial College

At H.O.P. 21st May, 1958

Result—Won 7-2

The feature of this match was the fine performance put up by M. Rudge and P. Dickinson in beating the Imperial College 1st pair, especially as this partnership is not a regular 1st team pair.

Their victory was achieved by sustained hard hitting, and with the minimum of ground stroke play. Their confident display is to be congratulated.

D. Sellman (Capt.) and R. Rose, Won 3, Lost 0.
M. Mitchell and K. Smith, Won 2, Lost 1.
M. Rudge and P. Dickinson, Won 2, Lost 1.

GUY'S v. L.S.E.

Quarter-Finals of London University Cup

At Berrylands 24th May, 1958

Result—Won 9-0

A Guy's team at full strength overwhelmed L.S.E. at their ground on a blustery Saturday afternoon. This amply erases the memory of a shock defeat last year when L.S.E. won by the odd match.

This year was a different story. The match was played on grass and more suited to the Guy's version of 'power tennis'. Perhaps with last year's experience in mind, the team took no chances.

The L.S.E. 1st pair started off by winning three games in a row against Sellman and Devereux. The latter were not unsettled, and by means of lobbing and varying the pace, broke their opponents' rhythm, and won nine games in a row, eventually winning 6-3, 6-3.

Blake and Dobie by very good retrieving and volleying won their matches comfortably. This new pairing promises a great deal, and should achieve it with some more match practice together.

Smith and Mitchell played very steadily and concentrated on winning, rather than good-looking shots only.

It is interesting to note that at the time of writing, Guy's are unbeaten by college teams; this may be explained by experience gained from a heavy fixture card which includes strong club teams.

M. Devereux and D. Sellman (Capt.), Won 3, Lost 0.
M. Blake and N. Dobie, Won 3, Lost 0.
K. Smith and M. Mitchess, Won 3, Lost 0.

LADIES' TENNIS

On Wednesday, 21st May, at Teddington, Guy's 1st VI lost to St. Mary's Hospital 1st VI, in the 2nd round of the United Hospitals' Cup, by three matches to five, one match being unfinished.

J. Ransome Wallis (Capt.) and J. Cridlan, lost 2, one unfinished.
K. Allsopp and P. Cave, Won 2, Lost 1.
J. Hall and N. Chapman, Won 1, Lost 2.

GOLF

BEVERIDGE CUP

At West Hill 15th May, 1958

Guy's entered a team of 10 for this 36-hole competition, the best scores being those of :

R. Mummery, 77, 77, total 154.
A. Cockerill, 78, 81, total 159.
K. Richards, 82, 78, total 160.

Guy's won the Match Cup by 4 points from the Middlesex. The Eckhoff Cup for the best individual score over 36 holes was won by G. H. Foster (Middlesex).

MOTORING CLUB

Vice-President's Mid-Summer Rally

On Saturday, 21st June, the Motoring Club is holding a rally to end at West Meon, Hampshire. The rally will start from Guy's Hospital Car Park at 5.15 p.m., and finish approximately 9.30 p.m. Competitors will be the guests of the Vice-President, who will provide a picnic supper.

Entries will be gratefully received by A. J, Simons, c/o Front Lodge, Guy's Hospital S.E.1. before 14th June, 2*s.* 6*d.* per person.

HOSPITAL INFORMATION

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments, to commence duties on **1at October 1958.**

Department of Conservative Dental Surgery.
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology.

Part-time Registrar to attend on not less than 3 and not more than 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 4th July, 1958.**

BRITISH DENTAL ASSOCIATION

Annual General Conference July, 1958

Arrangements have been made for the Guy's Alumni Lunch to be held in the Royal Hotel, Dundee, at 12.30 p.m. for 1 p.m., on Wednesday, 9th July.

Guy's Graduates wishing to attend this Luncheon are asked to get in touch with A. S. Davie, 333, Perth Road, Dundee. It would be helpful if those wishing to attend this Luncheon would let Mr. Davie know as soon as possible so that he can make the necessary arrangements.

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

April, 1958

Pass

J. F. R. Adams
J. R. Allan
M. V. Appa Rao
R. D. S. Barnes
Elisabeth S. Bates
J. T. Bavington
P. Brooke
Sheila M. Creegan
M. H. de Groot
Una M. Dugan
M. K. Dunstan
L. A. Emmanuel
Judith A. G. Fletcher
I. R. A. Fullagar
P. J. Gladders
J. S. G. Hayes
J. Hellewell
P. W. James
G. J. John
K. G. Korsah
M. Lindsey
N. Lis
J. P. Lissenden
M. J. Loxton
Jean L. McNair
S. A. F. O. McNamara
F. G. M. G. Myer
G. R. Peachey
Alina T. Piesowicz
P. A. Robson
B. A. Ross
E. O. Sofowora
Gillian Strube
R. J. Young

Supplementary Pass List

Part I

M. F. H. Bush
T. A. Crantock
A. Gooding
M. Hopwood
R. G. Hornung
H. Hunt
J. P. Lee-Potter
L. A. Lees
A. J. Macfarlane
B. W. Maitland
K. A. Olafimihan
N. C. Russell
W. J. W. Siddall
J. F. Steele-Perkins

Part II

A. B. Hewitt
A. B. Morphy
H. D. W. Plowright
A. P. Redmond
H. P. Rikard-Bell
W. J. W. Siddall
I. I. Zayid

Part III

G. B. Cornford
J. K. Duff
R. W. Elsdon-Dew
R. T. Hawley
E. J. Horgan
A. B. Morphy
P. G. Parry
H. D. W. Plowright
H. P. Rikard-Bell

Part IV

G. B. Cornford
J. K. Duff
R. W. Elsdon-Dew
S. O'Connell
A. P. Redmond
I. I. Zayid

NURSING NEWS

Entered :

S/N J. Goodall to *Job.*
S/N J. Shepherd to *New Cross.*

Left :

S/N R. White, *Victoria.*
S/N B. Cheetham, *Job.*
S/N R. Grant, *William Gull.*
S/N J. Loveless, *Nuffield Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bearn, A. G. and another. Azure Lunulae. An Unusual Change in the Fingernails in Two Patients with Hepatolenticular Degeneration (Wilson's Disease). *J. Amer. med. Ass.*, 1958, **166**, 904.

Bearn, A. G. and another. Cirrhosis in Young Females: Its Possible Relation to Infectious Hepatitis. *Hepatitis Frontiers.* International Symposium, Henry Ford Hospital, Detroit, Michigan, 1957.

Bearn, A. G. and another. Roentgenographic Abnormalities of the Skeletal System in Wilson's Disease (Hepatolenticular Degeneration). *Amer. J. Roentgenol.*, 1958, **79**, 603.

Burn, J. H. and another. The Action of Tubocurarine and Acetylcholine on Ciliary Movement. *J. Physiol.*, 1958, **141**, 520.

Darke, Christopher S. and others. Laryngeal Stridor in Rheumatoid Arthritis. *Brit. med. J.*, 1958, i, 1279.

Epstein, S. S. An Intra-Oral Technique for the Production of Experimental Pneumonia. *J. Hyg. Camb.*, 1958, **56**, 73.

Epstein, S. S. and another. Further Studies in the Mouse Intra-Oral Inoculation Technique. *J. Hyg. Camb.*, 1958, **56** 80.

Epstein, S. S. and another. Multiple Malignant Neoplasms in the Air and Upper Food Passages. *Cancer*, 1958, **11**, 326.

Masters, P. L. and others. Bacterial Flora of the Upper Respiratory Tract in Paddington Families, 1952-4. *Brit. med. J.*, 1958, i, 1200.

Morey, L. G. Devitalising Pulpotomy of the Primary Molar. *Brit. dent. J.*, 1958, **104**, 359.

Oliver, Leslie. The Contributions of Surgery to the Treatment and Understanding of Parkinsonism. *Lancet*, 1958, i, 1121.

Pearson, J. D. and Lubran, M. The Preparation and Clinical Application of ^{133}I labelled Triolein and Oleic Acid. *Minerva Nucleare*, 1958, **2**, 6.

Schurr, P. H. and others. Extent of the Infarct in the Anterior Lobe of the Human Pituitary Gland after Stalk Section. *Lancet*, 1958, i, 1101.

Shephard, R. J. 'Breath-Holding', Measurement of Carbon Monoxide Diffusing Capacity. Comparison of a Field Test with Steady-State and other Methods of Measurements. *J. Physiol.*, 1958, **141**, 408.

Symonds, Sir Charles. Recurrent Multiple Cranial Nerve Palsies. *J. Neurol. Neurosurg. Psychiat.*, 1958, **21**, 95.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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HAYLING ISLAND. Furnished house in very pleasant ground. Direct access to safe sandy beach. Sleep ten. Available August 9th-23rd. 25 gns. per week.

For Sale

SPORT EQUIPMENT & CLOTHING at a special discount to Guy's Staff and Students. C. R. Thompson Ltd., 41, Railway Approach, London Bridge, S.E.1.

MERCURY SPHYGMOMANOMETER £4. Phone CUNningham 6355.

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CHANGES OF ADDRESS

J. M. Clark, M.B., B.S., 44, Park Avenue, Worthing, Sussex.

Dennis Charles Deuchar, M.D., M.R.C.P., 1, Highlands, Oldfield Road, Bickley, Bromley, Kent. (Tel. Imperial 5808).

W. H. Greany, M.C., D.M., D.T.M.&H., 12, Forest Gardens, Lyndhurst, Hants.

Maurice Handoll, M.B., B.S., The Limes, Emmeth, Wisbech, Cambs. (Tel. Wisbech 2172).

W. W. Jones, M.B., B.S., 21, Sandy Hill Road, Shirley, Solihull, Warwicks.

BIRTHS

BUCKERIDGE.—On 21st April, 1958, at Hillingdon, to Margaret (née Evans, S.R.N.), wife of James Buckeridge, a daughter (Helen Jane).

BUTTERY.—On 8th May, 1958, at Franklin Memorial Hospital, Rocky Mount, Virginia, U.S.A. to Rosemary (née McGowan, M.C.S.P.), a son (Kevin Alexander).

COETSEE.—On 11th April, 1958, at 320, Iris Way, Palo Alto, California, U.S.A., to Cecily (née Hynard, S.R.N.), wife of Barry Coetsee, a daughter (Rowena Louise).

HANDOLL.—On 10th May, 1958, at Wisbech, to Freda (née Watson), wife of Maurice Handoll, M.B., B.S., a brother for Kay, Josephine and Erica (Richard Guy).

JONES.—On 17th May, 1958, at Rossett, near Wrexham, Trevalyn Maternity Hospital, to Dr. and Mrs. Elwyn Jones a daughter (Beth), a sister for Mary.

LONGMORE.—On 19th April, 1958, in Houston, Texas, to Patricia (née Spindler, M.C.S.P.), wife of Donald Longmore, M.B., B.S., a daughter (Annabel Wendy).

RICE.—On 23rd May, 1958, at Frimley Hospital, to Margaret (née Lawrence), wife of Vernon Rice, F.D.S., a daughter (Penelope Jane Sherry).

SMITH.—On 29th May, 1958, at Harefield, to Marianne, wife of Bill Morrish Smith, L.D.S. R.C.S., a son (Guy).

MARRIAGE

GIBBONS—O'TOOLE.—On 10th May, 1958, at Tottenham, Raymond Gibbons, M.B., B.S., to Fiona O'Toole, S.R.N., S.C.M.

DEATHS

BENTHAM.—On 22nd May, 1958, Miss Mary Bentham (Assistant Home Sister, 1939-1952).

MITCHELL.—On 31st March, 1958, Howard E. H. Mitchell, M.B., B.S., of 14, Salisbury Road, Carshalton, Surrey.

Eds. { J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1824 21*st June* 1958 *One Shilling*

PASSIM

THE Senate of the University of London has invited applications for a Chair of Experimental Medicine tenable at Guy's Hospital Medical School. This most interesting announcement in the journals may have struck some Guy's men as a departure from tradition or a change of policy. The latter is not the case, for the policy since the war has been to set up professorial units as opportunities arise. It will, however, be the first time that a professor has been appointed with a clinical department under him, and with beds of his own in the medical wards. The opportunity for this appointment has arisen with the winding-up of the Medical Research Council Unit under Dr. Grant, though happily we have not lost him yet; nor Dr. Butterfield and Dr. McArdle, who continue to work at Guy's. The new Department of Experimental Medicine will have twenty beds in Hunt's House, and will not, at least initially, have a "firm" attached to it. The appointment of a Professor, expected to be made before the end of the summer, will probably be followed by appointments of a Reader and Lecturers, and by an indication of the nature of the work to be pursued. The line in this year's Residents' Play, "Professor of Medicine ? But I'm a *clinician* ! "—can no longer be mistakenly thought to represent official policy, and we welcome the establishment of the new Department as a step of potentially great importance in the contribution of Guy's to the advance of Medicine.

Two appointments have recently been made to the Consultant Staff of the Hospital, which will give great pleasure and satisfaction to all Guy's men and women. Mr. C. H. Kinder, F.R.C.S., has been appointed Assistant Surgeon to the Genito-Urinary Department with effect from 17th July. Mr. Kinder is at present in America. Dr. G. F. Vaughan, M.R.C.P., D.P.M., who is at present Chief Assistant to the Child Guidance Clinic, has been appointed Consultant in Child Psychiatry, a new appointment. We congratulate them most cordially.

A most distinguished trio of visitors gave clinical lectures at the Hospital last week. Dr. Howard Burchell, M.D., lectured on 9th June on Current Cardiac Research at the Mayo Clinic, and on 10th June, Professor Robert Robinson, M.D., Professor of Orthopaedic Surgery at the Johns Hopkins Hospital, lectured on Osteoarthritis of the Cervical Spine. Then on the 12th and 13th, Professor R. E.

Lane, M.D., F.R.C.P., Nuffield Professor of Occupational Health at Manchester University, gave two lectures on Occupation and Disease. We are very fortunate in our lunch-time lectures, and it is a recurring pleasure to hear distinguished men from Britain and from abroad adding their views to those of our own consultants.

The recommendation by the Whitley Council for Nurses that nurses' hours of work should be reduced from 96 to 88 hours a fortnight, was accompanied by the important proviso "as the staffing situation allows." Guy's, for all its splendid proliferation of student nurses, is still under-staffed. As Matron pointed out to the Nurses' Guild in May, a nurse is a nurse by vocation, and not merely for so many hours a day. Strictly in terms of pay and hours of work, nursing is still ludicrously unattractive compared with other occupations which a girl can take up, and the fact that it is more than just a job is emphasized by the numbers and quality of girls who nevertheless choose to be nurses. Thus, while we welcome improvements in the conditions under which nurses work, we are in sympathy with senior members of the profession who feel that too great an emphasis on reducing the time spent on the wards may not always be in the best interests of the patients, and may tend towards haggling of a sort one associates with less dignified professions.

Dr. M. C. Joseph, Senior Registrar in the Department of Child Health, is to spend a year in America from 1st July, with Dr. Nadas at the Children's Hospital in Boston. We wish him *bon voyage*, and welcome in his stead Dr. O. P. Gray, from Cardiff, who we hope will have an enjoyable year here.

Although the Press recently announced that hospital medical staffs would have to pay for their mid-morning cups of tea, we understand that the Governors have intimated to the Ministry that they do not consider the collection of coppers for normal refreshments during long working sessions to be a procedure they are prepared to follow at Guy's. This is a welcome instance in which good sense at the Hospital can still carry the day against official pettiness operating at a distance.

We apologize for twice endowing Mr. C. E. Engel, of the Photographic Department, with a terminal "s" to his name. Mr. Engel has not even his name in common with the old dialectician, but illuminates and records events to much better purpose, as we reported in our last issue.

Once again a little of the glamour of Royal Ascot filtered through to Southwark-tethered folk, when three consultants strode the Park in tails the other morning. Inspired by the thought of the Races in Berkshire, we mounted the Editorial bicycle, and showed a clean pair of heels to a startled cart-horse in Long Lane.

The signposts in the Park are quite helpful and not very obtrusive, but additions to their number are not to be desired. This is the safest ground on which to deplore the uncompromising, beautifully painted board, six inches by thirty-six, which now greets all who descend from the Colonnade into the Park, and directs all GENTLEMEN towards the Dental School. Was it sheer altruism which produced this thoughtful gesture ? Or have the various illustrious offices opening off the Colonnade been brought to a standstill by streams of questing callers ? The need for the notice can scarcely have been acute; Guy's has managed without it for two centuries.

We warmly congratulate the Athletic Club on retaining the Inter-Hospitals' Championships at Motspur Park, on Saturday, 14th June. A report of the events will be published in our next issue.

The hot weather which, at the time of writing, has arrived as a belated apology for a terrible spring, is (or was ?) not quite enough to dry the memories of the recent floods in the underground during last week. Admittedly the downpour was unusually heavy and leaks, once started, are incredibly difficult to trace and stem; nevertheless housemen returning from their evening's work have no alternative to the underground and, presumably, are expected to wade. Perhaps all these remarkable mosaics, which promise to be so confusing to future archeologists, would be more useful on the ceiling.

We heartily congratulate the Swimming Club, who have won the Inter-Hospitals' Swimming Championships. A report of their prowess is to be found in this issue.

The "loafer's heart" of our motorized non-exercising population is described in the *Practitioner* as the result of "a deterioration of cholinergic vagal counter-regulatory effectiveness against the injurious influence of uninhibited sympathetic-adrenergic activity upon myocardial oxygen economy and myocardial mechanical efficiency." Oh.

The Past *v.* Present Cricket Match is due to start at 11.30 a.m., on Saturday, 21st June, at Honor Oak Park; spectators are assured of a hilarious afternoon.

NOTICE

TO ALL EXHIBITORS IN THE ART EXHIBITION

The Museum Authorities would be much obliged if all exhibits could be collected as soon as possible from the store-room adjoining the Museum. Last year some remained for several months unclaimed. It is hoped that this year none are so unesteemed by their creators.

All Exhibitors are thanked for their support in, we hope, establishing this as an annual event.

J. P. LEE POTTER,
Hon. Sec. Art. Society.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Head Injuries.*
23rd	M	1.00	Dr. E. J. Moynahan. Clinical Lecture. *Climate and Diseases of the Skin.*
		1.00	Mr. J. W. Mansie. Dental Clinical Lecture. *Difficult Extractions.*
24th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Innocent Diseases of the Breast.*
26th	Th	1.00	Professor Robert A. Robinson, M.D. (Professor Orthopaedic Surgery, School of Medicine, Johns Hopkins, U.S.A.). Clinical Lecture. *Structure of Bone.*
		5.00	Cardiological and Radiological Meeting. Gordon Museum.
27th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Bright's Disease.*
28th	S	10.00	Clinico-Pathological Meeting.
30th	M	1.00	Mr. P. W. Clarkson. Clinical Lecture. *The Burnt Child.*
JULY			Exhibition. Department of Surgery. *Incisions.*
3rd	Th	1.00	Dr. A. W. Hind. Clinical Lecture. *Signs and Stages of Anaesthesia* (with film).
4th	F	1.00	Dr. J. C. Houston. Clinical Lecture.

THE QUODLIBET SOCIETY

The Quodlibet Society held its second meeting on Friday, 6th June, in the Upper Reading Room of the Students' Club. The guest for the evening was Mr. Lionel Hale, the journalist and broadcaster. Several members of the Society dined with Mr. Hale at the "George" beforehand, and at 8 o'clock Mr. Richard Lewin, the Chairman for the evening, introduced Mr. Hale to a large, comfortably seated audience, to speak on Journalism and Broadcasting. Mr. Hale disclaimed any pretensions to speak authoritatively on this subject, and amended it to "Jack of All Trades—some fragments of autobiography". He spoke of journalism, and particularly dramatic criticism, with humour and enthusiasm, and talked of the aims and ideals of newspapers, soundly castigating some and praising others. In dramatic criticism, he insisted on the critic's duty to re-create for his readers the work under question, and he could not sympathise with those who, however excellent their style, wrote *pro se* and not *pro re*.

Mr. Hale dealt most interestingly with television, mentioning "Who Said That ?" as the least contrived programme he had worked on. He had grave fears that the habit of reading intelligently must be suppressed by constant viewing among young people. After an interval for coffee and longer drinks, Mr. Hale cheerfully faced a host of questions, which revolved chiefly around the modern theatre. There were some lively exchanges of differing views, with very little quarter given. It was with great reluctance that the jingling of keys by the night watchman was finally noticed and acted upon, to bring to an end a thoroughly successful and stimulating evening.

J.W.

Sixty Years Ago

From Guy's Hospital Gazette, 18th June, 1898.

PASSIM

A question of etiquette ! To what extent should a student "cap"—to use the popular term—any member of the Staff ? There are many points of this question about which doubt apparently exists. For instance, should a junior student make obeisance to those of the Staff with whom he has not yet come into personal contact, or whom he knows only as lecturers ? Under the existing understanding it always seems to us that the less a student knows any given surgeon or physician the more he "caps" him, or, perhaps, the better he knows him the less often is his head covering raised, which seems rather extraordinary !

GUY'S AND THE DARWIN-WALLACE CENTENARY

JULY 1st marks the centenary of the meeting of the Linnean Society of London at which Darwin and Wallace first put forward the theory of organic evolution by means of natural selection. At a first glance there is no apparent reason why this event should be of particular interest to Guy's men but some Guy's notables were indeed closely concerned.

The Linnean Society was founded by Sir James Edward Smith (1759-1828) who, as related in almost all accounts of the history of science, purchased and brought to London the collections of the Swedish naturalist Linnaeus, the originator of the binomial system of animal and plant nomenclature. What is not so generally known is that Smith, a physician, also gave lectures on Botany at his house (separate lectures for ladies) and during the 1790's lectured on Botany at Guy's Hospital. The Wills Library possesses copies of notes taken at the 1795 and 1796 series of lectures. Whether Smith lectured at Guy's in 1797 is not certain but the Linnean Society possesses a letter from Dr. William Babington, Physician to the Hospital, inviting Smith to lecture at Guy's again that year and saying that nine men had already signed for the course.

Several Guy's men were associated with the early history of the Linnean Society and in the nineteenth century Golding Bird and Walter Moxon were both active Fellows; but more interesting from the present point of view is Thomas Bell (1792-1880).

When the Medical School was started Bell was appointed Lecturer in Comparative Anatomy; he was also Dental Surgeon to the Hospital and Lecturer in Dental Anatomy. In 1836 he was appointed Professor of Zoology at King's College which had recently opened in the Strand. Nevertheless he continued as Dental Surgeon to the Hospital but ceased to teach Comparative Anatomy.

Bell as President of the Linnean Society was in the Chair at the famous meeting of 1st July, 1858. This meeting had been somewhat hurriedly summoned to fill an occasional vacancy on the Council of the Society and the opportunity was taken to present a few papers. Now it so happened that Darwin, who had been working on his theory for several years, encouraged by his friends Lyell (a geologist) and Hooker (a botanist), received on 15th June a letter from a young man, whom he had never met, named Alfred Russel Wallace, enclosing an essay which Darwin found contained views almost exactly similar to his own. Darwin's first reaction was to encourage Wallace to publish his essay and to leave the field to him. However, Wallace in his letter had suggested that Darwin should show the essay to Lyell, which Darwin did. Lyell and Hooker thereupon persuaded Darwin that the correct thing to do was to make public simultaneously Wallace's essay and an early draft of his own views which Darwin had written and shown to his friends some years before. These were the papers which were actually read on 1st July. They only reached the Secretary on 30th June, and nobody had any idea of what was to come. As was the custom the papers were read by the Secretary and Darwin himself was not present. We are told in the 'History of the Linnean Society' that the communications were followed by others and there was no time for discussion, but they appear to have caused an immediate stir, for one author, whose paper in support of the idea of the fixity of species was to have been read later in the meeting, promptly withdrew it. From such accounts of this meeting as exist it is not clear whether the excuse of "no time for discussion" is the true one or whether it was that Bell, sensing controversy, hurried on to the next business. A great point of interest about Bell is that he would have nothing to do with the

idea of evolution and his biographers have given no adequate reason for his attitude.

Bell was a great man of affairs; as well as being President of the Linnean Society he acted for a time as Secretary of the Royal Society and it was he who persuaded a reluctant government to provide the Linnean Society with rooms in Burlington House along with the other learned societies. But his obvious antipathy to "evolution" has been used by his biographers as evidence that although a great man of the scientific world he was not a good scientist. Unfortunately, when he gave the Presidential address to the Linnean Society in 1859 he went out of his way to say "The year which has passed . . . has not indeed, been marked by any of those striking discoveries which at once revolutionize, so to speak, the department of science on which they bear: it is only at remote intervals that we can reasonably expect any sudden and brilliant innovation which shall produce a marked and permanent impression on the character of any branch of knowledge, or confer a lasting and important service on mankind. A Bacon or a Newton, an Oersted or a Wheatstone, a Davy or a Daguerre, is an occasional phenomenon, whose existence and career seem to be specially appointed by Providence for the purpose of effecting some great important change in the conditions or pursuits of man." This has been taken as evidence that Bell did not in fact realize what was happening and Gage in his History of the Linnean Society says that "Bell had apparently little or no idea that he was presiding over the start of a revolution in ideas of life in general, and of human life in particular."

There are, however, two points to be borne in mind. Firstly, Bell remained hostile to the idea of evolution to the end of his life and this suggests that his opposition may have stemmed from strong religious conviction. Gage refers to him in the Linnean History as one of the "eminent Ephesians of the old church," and Bell probably took religious matters very seriously being a member of King's College, which was a religious foundation very much in opposition to University College. Secondly, Bell probably realised that controversy could wreck the Linnean Society. When G. Bentham succeeded Bell as President, he praised him for keeping controversy out of the Society. Indeed, as the Society contained so many churchmen, both clerical and lay, had such controversy taken place as took place at the Oxford meeting of the British Association it might well have split the Society completely. What Bell really thought we shall probably never know but he refused to take sides against Darwin personally, and several Fellows of the Linnean Society withdrew when Bell refused to eject Darwin from the Society after the publication of the "Origin of Species."

Another quite unconnected point of interest concerning Bell is that when he retired he bought the house at Selborne formerly belonging to the Rev. Gilbert White.

G.E.H.F.

"COLD STORAGE"

At my hospital the boilerhouse, like some special kind of mole, had gradually tunnelled its way underneath the mortuary. The effect of the communicated warmth on the bodies in the Chapel can be imagined, especially after a warm week-end, and it was my common practice, when a patient died on a Friday night or Saturday, to turn up at the Post-Mortem room at about 11.0 p.m. on Saturday night and carry out the post-mortem single-handed. Heaving those great bodies about, undressing them, getting them on the table, washing them after the post-mortem, and getting their burial clothes on unsoiled was a task that left me with a certain amount of sympathy even for murderers who have to get rid of a body, and it was no doubt this sympathy that gave rise to this story.

When the State took the hospital over, funds became available for a mortuary refrigerator, and this, with metal trays for the bodies, was erected during the next year. The first thing to arrive was the refrigerator, but the trays and the racks were delayed for a couple of months, during which the refrigerator was having a trial run. The door was furnished with a fastening that could be operated from the inside, but was fitted with staples for a padlock. With vivid memories of a shocking practical joke that had ended tragically, I immediately sawed off one of these staples.

So much for the actual state of affairs at the time. The rest is less tangible.

I dreamt that I had murdered somebody and had to get rid of the body. That the dream had no Freudian significance is proved by the fact that I had no idea who it was, how I had murdered him, or why. Furthermore, though I was anxious to get rid of the body, I was not unduly frightened about it.

The method I used was ingenious. I put his body on the floor of the refrigerator, got a padlock of my own and locked it up (the staple I had removed was still there in the dream). For the next few weeks I did all the post-mortems I could, doing them at night whenever possible. Each time I did a post-mortem I removed another portion of the corpse's anatomy and sewed it up in the abdomen of the post-mortem corpse. To make additional room, I often kept back certain thoracic and abdominal contents of the post-mortem corpse with the excuse of removing portions for microscopic section. These organs were always incinerated openly.

My one anxiety was a possible inspection by the refrigerator engineer. (He did, in real life, make such an inspection, and was unluckily introduced during a specially gory post-mortem; he had to be given brandy in the passage.) I was therefore prepared for this. I intended to tell him I had some specimens in the refrigerator which I would remove while he sat in my room. I would then get the body on a trolley and put it in the Chapel under a sheet (as bodies usually were) while he made his inspection, after which I would return the body to the refrigerator. The only risk was that the porters might bring down another body to the Chapel, and be stupefied to find an unaccountable one there already. This risk had to be taken. The dream, however, never got as far as that and I woke up almost with a feeling of disappointment at not being allowed to finish my task.

Not long after this a book called "A Doctor's London" was published. This mentioned that when the churchyard at St. Pancras was cleared, a coffin was found that contained two skulls with only one skeleton Great minds, therefore, seem to have been thinking alike

J.W.S.

PHOTOGRAPHIC EXHIBITION, 1958

"Where do we start ?" Perhaps we entered by the wrong door, for we found ourselves with photographs on all sides. The orderly rows of chairs discouraged us from taking the centre of the floor and a panoramic view, so we went to the colour slides first.

It was interesting to see from B. J. Rickard's entries how good colour reproduction could be nearly 30 years ago, and from W. A. A. Renner's beautiful landscapes how much better it can be now. Automation forced us to consider each of the other colour exhibits for its allotted span, and we delighted in Dr. Stafford-Clark's eastern mystery as much as in the accurate recording of colours nearer home. The technical standard was high, but we felt that often colour film, coloured subject and sunlight had been enough for the photographer; were they, we wondered, enough for us the simple viewers of the finished work ?

Moving to the black-and-white section, we were struck by the fact that many of the large, well presented prints were lacking the deep blacks and sparkling whites that give life to large works. And what a pity that so many different sizes have to crowd together and be scanned all from the same distance. Yet space and subject would not allow them otherwise.

The animal studies, dominated by M. R. Heath's cygnets, we found unexciting. Not quite satisfactory pictorially, and without the clarity of detail needed for the "documentary" approach. Special mention, however, for Miss C. Waddle's "Billy the Kid" (not least because we remembered enough anatomy to wonder who was kidding who ?), and for D. G. Bardi's finely hand-coloured print.

B. A. E. Ranson's "Essay in Printing" was among the most beautifully presented exhibits, although we heard a puzzled spectator enquire "What's the point ?"

The portraits seemed to be the work of three exhibitors only, and it was fascinating to contrast the extremely elegant work of B. A. Jones, suggesting the studio in the hands of an expert, with the snatches of vibrant life caught and so ably presented for us by the quick eye and camera of M. M. Walker; while F. H. Huthwaite managed to combine something of each in his splendid studies.

B. W. Jones impressed us with his high-altitude shots, although an ex-air force friend who now runs a Leica III picked for us as the best picture in the exhibition G. H. E. Woodbine's dignified and impressive view of Downing College.

Already familiar with D. A. Sabel's ability, it was disappointing to find only one of his works on view. We were not surprised to find a difficult subject presented faultlessly above his name.

Other prints we liked especially were Miss Waddle's original presentation of a stained-glass window, M. M. Walker's ragamuffins pushing a pram, and the delicate gladiolus photogram-ed by M. R. Heath.

Things we regretted were the (alas ! necessary) crowding of the prints on view: the way some of the cardboard used as back-ground and support leaned and sagged; and a tendency for mounting to be done on so many different shades of white !

We were glad that we were shown so many prints and that the standard over all was so high. We enjoyed it all, learned a great deal, and may even manage some prints ourselves next year.

M.R.B.
A.E.G.

(A review of the Art Exhibition will appear in our next issue.)

SPORTS DAY, 1958

The Three-legged Race—won by Mr. R. G. Notley and Miss M. Calvert (5th couple from right).

The annual Sports Day of 1958 was held at Honor Oak Park, on Saturday, 31st May, before a crowd of about 500 people. The weather, having consisted of intermittent thunderstorms throughout the week before, cleared obligingly on Saturday morning and became ideal for such a gathering: continuous sunshine with a pleasant breeze. Many of the Guy's staff were present with their families and the summer dresses and hats displayed would have been a credit to the Easter Parade.

The athletic events commenced promptly at 2.30 p.m.—a report of these appears in the sport section—and culminated at 3.30 in the 4 by 110 yards relay, which was again won by the Rugby Club, this time against stiff opposition from various teams including a curiously clad Fallopian Four, who inadvertently ran the circuit the wrong way, and a Consultants' team. An anxious row of Senior Registrars was observed at the finishing line preparing to take prompt resuscitatory action in the event of any emergency, but the consultant's braces twinkled extremely rapidly around the track without mishap. With the serious athletics over the sideshows opened and became hard pressed serving their eager customers and fending off marauding children. A familiar bowler hat appeared as an Aunt Sally and a thoracic surgeon was found to be remarkably accurate—sign of a misspent youth ? Two ponies carried children to and fro by the tennis courts unmoved by the nearby bedlam as Mr. Ronnie Marks besought the crowd to bowl for his bottles of wine; and the hoopla, darts and Treasure Trove did raucous and continuous business. Messrs. Bush, Tredre and Allardice were brought almost to their knees by the demands on their coconut-shy and became nervous for their supply of nuts on observing the fantastic accuracy of the local boys. Aspiring Robin Hoods besieged the Archers to discover how very difficult it is to hit those enormous targets from what seems a point-blank range. In the centre of the field the Balloon Race continued throughout the afternoon and balloons

disappeared rapidly northwards on the strong breeze—to your observer there seemed a serious risk of some small child floating off over London clutching his balloon !

While the side-shows were in full swing the track was being occupied by the not-quite-so-athletic events. Mr. Richard Hawley was defeated in the sack race for the first time in several years, the race being won by Mr. John Leyshon. Housemen and registrars were prized from the other attractions to run in the Housemen's Hundred—alas, no lady competitors this year—which was won by Mr. Peter Sheard.

Photos by) *(M. S. Wirk*

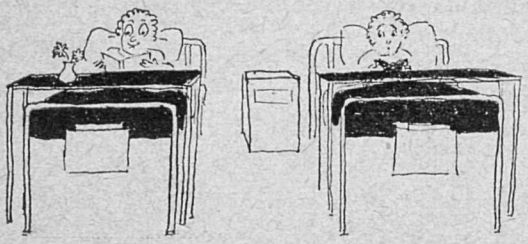
Sir John Conybeare with three of the Consultants' Relay Team. L. to R., Mr. R. H. F. Brain, Sir John Conybeare, Mr. J. S. Tomkinson and Mr. T. L. T. Lewis. Absent: Dr. J. C. Houston.

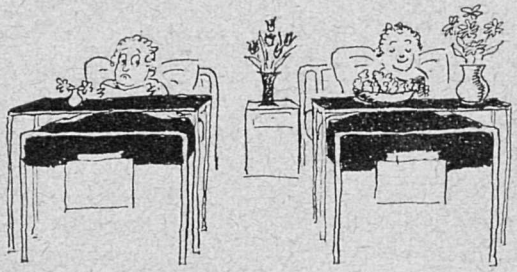
The children's race was won by a potentially fine sprinter, Stephen Simmons, and the Ladies' race produced the fastest lady in the Hospital. In the mixed 3-legged race the captain of the club at last justified his position by winning with the aid of Miss M. Calvert. A vast Medical team disposed of the Dental opposition in the Tug-of-War to the vociferous encouragement of Mr. Kirby's Alsatian dog and finally the Beer Race was won convincingly by the Tankards—Messrs. Chisholm, Smith, Preston and Cooper—against such doughty opponents as the Mesial Drifters and the Occult Bloods.

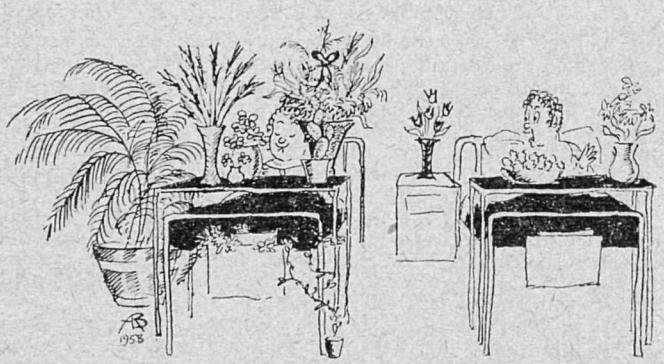
The conclusion of the afternoon was the presentation of the prizes by Mrs. W. D. Doherty, who had done such an excellent piece of work with the weather, with short speeches from Mr. J. S. Tomkinson, the President, and Mr. R. G. Notley, the Captain. Miss Linda McGill then presented a bouquet of flowers to Mrs. Doherty with great charm and assurance.

We wish to take this opportunity to thank the judges, the announcer Mr. J. Wall, the starter, Mr. J. G. Holmes-Smith, who kept us so well to schedule, indeed ahead of it, Mr. J. Goodliffe for all his expert organisation, the side-show organisers and last, but not least, Mr. and Mrs. Kirby for all their extremely hard work in preparing for and running the events of the afternoon so well.

(Heard on the ground after a false start: Young Lady "It's not surprising that they do false starts with that gun going off twice.")






1958

CORRESPONDENCE

Letters to the Editor of the Gazette

"Pulse"

SIR,—Mr. Eckhoff's letter, "Pulse Irregular", in the *Gazette* of the 7th of June, raises several important issues about the Students' Union, the Students' Club and the Clubs' Union. We seek the courtesy of your columns on behalf of the Students' Union Council to discuss the present situation.

Mr. Eckhoff refers to the Students' Union and the Students' Club as younger and elder "sons" of the Clubs' Union. While it is true that the Students' Union is one of the junior constituent clubs, the Students' Club was founded in 1882 and nine years later became one of the parents of the Clubs' Union. The objects of amalgamation in 1891 were "to further the interests of the clubs and societies in the Hospital by their mutual support and to simplify the collection of subscriptions". This simplification of organisation is one of the aims of the supporters of the present amalgamation plan.

Mr. Eckhoff suggests that the Students' Union wished to swallow up the Students' Club. The recent initiative for amalgamation came from the A.G.M. of the Students' Club in 1957. Following an innocent enquiry from a lady member as to why we needed two clubs when one would suffice, the Committee were asked to investigate amalgamation. This Spring the A.G.M.'s of the Students' Union and of the Students' Club voted by very large majorities for amalgamation. At present the committee of the Students' Club is in process of drafting a constitution for the amalgamated clubs. If it is to be acceptable, this will have to specifically safeguard financial control, and staff involvement in student opinion. It is hoped that the Students' Club will be able to "swallow" the Students' Union to their mutual advantage.

Perhaps the most important decision taken by the Clubs' Union Council for some time is that the annual subscription is to be raised from six to nine guineas. In accordance with rule 23 of the Clubs' Union constitution, the Students' Union received notice of this change and the matter was discussed at a Council meeting and in more general terms at the A.G.M. On both occasions the Clubs' Union Council decision was approved. The Students' Union appears to have fulfilled its duty as a constituent institution by discussing the rise in fees and informing the Clubs' Union of its decision. Of all the Clubs in the Hospital it has the best means of assessing student opinion and this is indeed its principal function. Mr. Eckhoff stated that "the Clubs' Union is a properly elected body" and that "The opinions of the constituent institutions have not been sought except through their elected representatives". Unfortunately the student members of the Clubs' Union do not constitute a properly elected body. The elections for the athletic and non-athletic club representatives as required in rule 3 of the constitution have not been held since 1956. In such a situation we feel that the fully representative view of the Students' Union could have been of some value.

Yours etc.,

G. M. PRESTON,
Chairman.

R. A. NICHOLSON,
Hon. Sec. Guy's Hospital Students' Union.

Guy's Hospital, S.E.1.

SIR,—In your issue dated 7th June, 1958, Mr. Eckhoff, the Treasurer of Guy's Hospital Clubs' Union, wrote to you to comment on some "mis-statements" in *Pulse* New series No.1. However, we are still in some doubt as to what these mis-statements are, as Mr. Eckhoff does not formally list them. The sentence that Mr. Eckhoff objects to is "Despite fulfilment of constitutional requirements Clubs' Union Council turned down Students' Union request to hold Public General Meeting to discuss proposed rise in fees from 6 to 9 guineas": but on analysis it is difficult to see how this is a "mis-statement". The Students' Union Council did in fact request (in writing) a Public Meeting to discuss the rise in fees: this

request was not unconstitutional, *i.e.*, it did not contravene constitutional requirements: the request was in fact turned down by the Clubs' Union Council, and all this is what we said in the stop press item, although we apologise for the obvious lack of clarity in the statement.

We would also like to comment on a few of Mr. Eckhoff's other observations. Firstly, he states that "the younger brother" (the Students' Union), "now wishes to swallow up the elder" (the Students' Club). In view of the fact that both bodies voted in favour of amalgamation at their A.G.M.'s, and that the original idea came from the Students' Club, it would surely be a fairer analogy to say that both brothers were intent on joining forces. Furthermore, the Students' Club vote in favour of amalgamation was not taken at "a special meeting". There have been no "special meetings". The decision was taken at the perfectly normal A.G.M. of the Students' Club. Mr. Eckhoff also states that many of the students left the meeting as soon as the amalgamation vote had been taken. This is incorrect. In fact after this vote everyone stayed on to elect the club committee. Many people left after these elections instead of waiting to hear the Treasurer's report because it was after 2 p.m., and they had to go to practicals and lectures. This was ill-mannered, agreed, but we submit that it does not have the same sinister implications which a mass exodus after the amalgamation vote would have.

Mr. Eckhoff also remarks that "a resolution in favour of amalgamation was passed at a special meeting of 70 students (out of a possible 900 or 1,000)". If by this he is implying that it is a bad thing that important decisions should be taken by the few who turn up to A.G.M.'s, we heartily agree: in fact one of the reasons why we support amalgamation is our desire to get rid of this evil. Nevertheless, it may be pertinent to make two comments. The number at the Students' Club A.G.M. was over twice the normal number, in fact it was about the physical maximum for the room.

Finally, Mr. Eckhoff states "The Clubs' Union Council is a properly elected body". This is not entirely correct. By the constitution, 7 of the student representatives are elected at conventions held by the Rugger Club and Dental Society secretaries each October. These conventions have not taken place this year, so that in fact less than half the student representatives are present on the Clubs' Union Council. Even more alarming, some of the unelected 7, who are not members of the council, have in fact voted this year, *with no right to do so.*

We would also like to comment on Mr. Lees' letter. He states that no requisition was received for a public meeting by the Clubs' Union Council. However, we did not say that such a requisition had been received, in fact we never mentioned requisitions at all. Therefore we are somewhat at a loss to understand why Mr. Lees is asking us "to get our facts correct".

Yours etc.,

J. H. STEADMAN,

M. H. CRAFT,

Editors, Pulse.

Guy's Hospital, S.E.1.

NOTE.—*We apologise for wrongly describing Mr. A. P. Lees as Bar member of the Clubs' Union Council; he is in fact Bar member of the Students' Club Committee.*—EDITOR.

Charity Football Match

SIR,—I am sure that your readers would be interested to know that in the Football Match between a Guy's Hospital team and Southwark Park, played on the Millwall ground on 29th April, the sum of £176 2*s.* 0*d.*, was realized in aid of the Imperial Cancer Research Fund.

Yours etc.,

C. J. ROWLAND,

Hon. Treasurer, G.H.A.F.C.

Guy's Hospital, S.E.1.

Inter-Hospitals' Swimming Gala

After an exciting evening's swimming at Marshall Street Baths, on 16th May, Guy's emerged victorious, having defeated our strongest rivals, St. Mary's, in a contest which was undecided until the last event.

It was very pleasing to all our swimmers to see that the majority of the spectators were from Guy's, and we would like to express our gratitude for their support and encouragement.

All our representatives swam extremely well, but R. J. Thomas deserves a special bouquet for beating C. Stossel of St. Mary's, the firm favourite, by a very convincing margin in the 440 yards freestyle. Also to be congratulated are those who, very gamely, entered the diving "just for a lark" and worked so hard to earn us 1st, 2nd, 4th and 5th places, thus swinging the balance finally in our favour.

After the gala Mrs. F. S. Warner kindly consented to present the prizes, and so added a gracious finale to a most exciting contest.

GUY'S HOSPITAL SWIMMING CLUB, 1958

Winners—Inter-Hospitals' Swimming Cup and Diving Challenge Cup

M. N. Maisey *D. H. Lynn* *C. W. Jamieson* *R. V. Westlake* *C. R. Darracott*
R. J. Thomas *T. W. Cutress* (*Captain*) *F. S. Warner, Esq.* (*President*) *J. M. Murray* *A. B. Richards*

Results :

100 yards Freestyle : 1st, R. Westlake (Guy's).
100 yards Breastroke : 1st, A. B. Richards (Guy's).
100 yards Butterfly : 3rd, A. B. Richards (Guy's).
440 yards Freestyle : 1st, R. J. Thomas (Guy's).
3rd, T. Cutress (Guy's).
Diving : 1st, J. M. Murray (Guy's).
2nd, R. J. O. Smith (Guy's).
4th, C. Jamieson (Guy's).
P. Kerr (Guy's).
Freestyle Relay : 1st Guy's.
Medlay Relay : 1st Guy's.

REVIEWS

Forensic Medicine. By KEITH SIMPSON, M.D. Third Edition, 1958. Pp. 352. 138 Illustrations. Edward Arnold Ltd. *Price* 30*s.*

The third edition of this medico-legal textbook within ten years of its first appearance, during which time it has also been reprinted on no less than three occasions, is the clearest expression of its universal appeal amongst medical students, medical practitioners, lawyers and policemen. This new edition has been brought completely up to date by the incorporation of the relevant sections of numerous Acts of medico-legal importance which have appeared during the last five years. These new Acts have necessitated the major revision of several chapters, and this has been accomplished with a minimum of increase in actual text. Several new photographs have appeared, some replacing and improving upon those which appeared in previous editions.

The wide appeal of this textbook to medical students and practitioners is due to its accurate, clear and succinct exposition of medico-legal problems which may confront anyone practising medicine, the high standard of the illustrations, both photographic and diagrammatic, all of which have been carefully selected for their instructive value, and by no means least, upon its carefully compiled index which enables the reader to find the subject of his enquiry in a matter of seconds—of no small importance to the busy practitioner.

The third edition is a new edition and not merely a reprint, and it maintains and even improves upon the high standard set by its predecessors. It will be greatly welcomed by all medical students and practitioners.

A.K.M.

Infant Feeding and Feeding Difficulties By P. R. EVANS and R. C. MAC KEITH. J. & A. Churchill Ltd 3rd edition. *Price* 16*s.*

Revised by Dr. Mac Keith, the third edition of Infant Feeding is welcome because it contains much new and important work on the physiology of lactation and avoidable causes of failure of breast-feeding. While the form of the book is fundamentally unchanged, the style is improved, much of the didacticism of previous editions having been removed. It makes pleasant and stimulating reading. The chapters on breast feeding, which form the largest section, are brilliantly written by authors with considerable experience of infant feeding and a special interest in the emotional requirements and behaviour of the nursing couple. All aspects of the feeding of healthy and sick infants are covered and fifteen appendices, to be found at the end of the book, summarize details of useful milk preparations, special diets and vitamin requirements.

This book can equally well be read from cover to cover or used as a reference book. It has a reliable index; the fact that 'hypercalcæmia' does not appear in it indicates that it is not mentioned in the text. This is a somewhat surprising omission; indeed no reference is made to the excessive vitamin D intake sometimes caused by the consumption of fortified proprietary foods. References are given at the end of each chapter; two have been accidentally omitted (Gunther, 1955-p. 65; Gunther, 1956-p. 123). There are only two striking anachronisms—a statement, unmodified since the first edition, that "gastro-enteritis still has a high mortality, which means that treatment is only partially effective" ; and the rather comic treatment of constipation with syrup of figs.

The chapter on practical manœuvres has been re-written but offers nothing new. In a textbook on infant feeding descriptions of tube-feeding and parenteral fluid therapy techniques are acceptable, but it is not clear why an isolated diagnostic procedure—duodenal intubation—was also included in this chapter. While recognising the usefulness of venous cannulation in infants undergoing major surgery one would hesitate to use it merely for rehydration now that scalp-vein technique is so simple and efficient. It is therefore a pity that six pages are devoted to an insufficiently detailed account of 'cutting-down' technique while a clumsy and old-fashioned method of scalp-vein infusion is dismissed in three brief paragraphs. On p. 257 a drip rate of 10 drops per minute is incorrectly equated to 60 millilitres per hour. This chapter could well be re-written by someone with recent practical experience of modern techniques.

Nevertheless, this book is heartily recommended, especially for the excellent treatise on breast feeding, and it should be read by all concerned with the care of infants and nursing mothers. Pleasingly printed on smooth but not too shiny paper, and adequately illustrated, at sixteen shillings it is a bargain.

R.H.R.W.

Medicine for Nurses. By W. G. SEARS, M.D., M.R.C.P. Edward Arnold Ltd. 7th Edition. *Price* 18*s.*

The seventh edition of this wellknown textbook for nurses has a larger page than previous editions and the resetting of the type has added to the clarity of the text.

Several sections, *e.g.*, that dealing with immunity and allergy have been enlarged upon, while others, particularly those dealing with diseases of the cardio-vascular system, have been completely rewritten and brought up to date. In addition there is an entirely new section on water and salt metabolism which should be of great interest to the student nurse.

Several new clear line drawings have been added, in particular one showing mitral valvotomy and there are new clear diagrams illustrating coronary artery thrombosis.

The book might have been further improved by re-writing the chapters dealing with nephritis which at present may be a little confusing to some readers, and in view of the increasing incidence of carcinoma of the bronchus more space might well have been allotted to this condition.

There is no doubt that this latest edition will prove a very useful textbook for student nurses.

S.I.P.

Baillière Nurses' Dictionary. By BARBARA F. CAPE, S.R.N., S.C.M., D.N.(Lond.). Baillière, Tindall & Cox. 14th Edition. *Price* 6*s.* 6*d.*

The 14th edition of this very useful dictionary for nurses has been carefully revised and many new terms added. Where necessary, as in the diagram of the eye, corrections have been made in the labelling, and several items of the text, such as the extrinsic factor, have been brought up to date in the light of modern knowledge.

There are many improvements in the appendices, many of which have been completely rewritten. In appendix 1 useful diagrams have been added showing the methods of packing syringes and needles for hot air sterilisation. The appendix dealing with anæsthesia is now much more comprehensive and the administration of oxygen has been enlarged upon.

A useful addition is a section dealing with static electricity and antistatic precautions. The chapter dealing with blood transfusions now includes exsanguination transfusion and a list of fluids which may be used for infusion. The appendix dealing with chemotherapeutic and antibiotic drugs has been brought up to date, while that dealing with food values and diets has been enlarged by the addition of special diets used in certain diseases.

A new appendix relating to Radiotherapy will be of value to the nurse as it includes some precautions to be observed when dealing with radio-active isotopes.

Despite all these additions the book still remains small enough to be a "pocket" dictionary which can easily be carried about by the nurse for reference when needed, and there is no doubt that it can be confidently recommended to all nurses whatever their professional status may be.

S.I.P.

A Brief History of Nursing in India and Pakistan. By A. WILKINSON. Published by The Trained Nurses' Association of India. *Price* 10*s.*

This is a concise, comprehensive account of the development of the nursing profession in India and Pakistan. The mass of information contained in this small book is a tribute to the writer's hard work and research. Miss Wilkinson, a Guy's nurse (1900-1903) has spent most of her nursing career in India. She was nursing Superintendent at St. Elizabeth's Hospital, Karnal, and St. Stephen's Hospital, Delhi. Many wellknown women flit through the pages but, with characteristic modesty, Miss Wilkinson gives no indication of her share in the work of progress.

The book opens with a brief account of early times, 700 B.C. We should feel very humble when we read the four essential attributes of a nurse at that time. Knowledge of the manner in which drugs should be prepared or compounded for administration, cleverness, devotedness to the patient waited upon, and purity (both of mind and body). The chapter on military nursing begins at the 19th Chapter and includes Miss Nightingale's work in this connection. There is useful information concerning civilian hospitals, preventive medicine and district nursing. The bad patches are not ignored. The story ends with the nursing profession of India and Pakistan marching forward with other countries. They have their

central nursing councils, affiliated to the International Council of Nurses. The trained nurses' associations have every reason to be proud of their schools of nursing and of the College of nursing in Delhi.

This is a most useful book to have in nurses' libraries. Copies can be obtained at the S.P.C.K. bookshop, 60, Great Peter Street, Westminster, S.W.1. Price 10*s.* 9*d.*, post free.

F.T.

SPORT

CRICKET

Hospital Cup Match

Guy's v. Middlesex Hospital

Away — 21st May, 1958

Result—Lost

Middlesex won the toss and elected to bat on a batsman's wicket. Leigh-Brown and Dyde opened the attack and runs came slowly for most of the morning. Dyde bowled well and claimed 4 wickets by one o'clock when he took himself off. At lunch Middlesex were 122 for 4. They lost 1 wicket immediately after lunch but Bishton went on to score a fine fifty. He was later joined by Williams who made an undefeated 57 leaving Guy's to make 198 to win. The standard of fielding was improved and that of Juniper was particularly good.

Pagliero started well, if not academically and he and Tuddenham put on 41 for the first wicket. However, both the openers and Juniper were out quickly leaving Guy's at 41 for 3. Dyde came in and scored 26 in quick time, while Bury held up the other end. Bury continued to bat with determination while Norman, who had joined him, played the best innings for Guy's driving the ball very powerfully. Clark joined him later and also started very confidently. However, as fate would have it he was unluckily run out when Guy's seemed in a good position. Norman, with few batsmen remaining, tried to increase his scoring rate but was caught and bowled for 44. Leigh-Brown was all set to make the remaining runs but Banks was dismissed, with Guy's all out just 21 short of their target.

Guy's

K. Pagliero, b. Parker	26
M. Tuddenham, c. Salmon b. Parker	15
R. Juniper, l.b.w. b. Bishton	4
J. Dyde, c. McLaren, b. Bishton	24
G. Bury, b. Holroyd	24
R. Norman, c. and b. Davies	44
J. Eustace, b. Williams	3
S. Lam, c. Parker, b. Holroyd	5
T. Clark, run out	11
A. Leigh-Brown, not out	8
P. Banks, l.b.w., Bishton	4
Extras	8
Total for 10 wickets	176
Middlesex Hospital for 10 wickets	197

Bowling	O.	M.	R.	W.
Leigh-Brown	16	4	36	0
Dyde	23.1	8	37	6
Banks	19	3	79	3
Clark	11	1	45	1

Guy's v. Ashford

Away — 25th May, 1958

Result—Won

Guy's

K. M. Pagliero, c. Brann, b. Nelson	37
D. Roberts, l.b.w., b. Nelson	10
J. Sedgewick, b. Nelson	7
R. Norman, c. Good, b. Marshall	12
P. Sievers, c. Good, b. Nelson	51
J. Eustace, c. and b. Marshall	0
G. Bury, b. Nelson	7
E. Barker, b. Nelson	0
A. Ralph, b. Nelson	0
A. Leigh-Brown b. Nelson	8
P. Banks, not out	13
Extras	21
Total for 10 wickets	166
Ashford for 10 wickets	135

Bowling	O.	M.	R.	W.
A. Leigh-Brown	17	4	36	4
D. Roberts	7	2	23	2
E. Barker	2	0	15	0
P. Banks	10	2	23	4
J. Sedgewick	3	0	16	0

Guy's v. Crofton Park

Home — 26th May, 1958

Result—Lost

Guy's

J. Eustace, b. Fidler	18
R. Norman, c. Stedman, b. Bishop	21
G. Bury, b. Bishop	12
P. Sievers, c. Stedman, b. Fidler	0
J. A. Dyde, c. Nankiville, b. Fidler	1
M. N. Morgan, st. Stedman, b. Bishop	6
B. Batten, c. Martin, b. Bishop	1
J. Sedgewick, c. Stedman, b. Bishop	0
P. Banks, c. Stedman, b. Bishop	0
S. Pope, c. Fidler, b. Bishop	0
A. Leigh-Brown, not out	1
Extras	1
Total for 10 wickets	61
Crofton Park for 3 wickets	63

Bowling	O.	M.	R.	W.
Morgan	11	2	27	1
Dyde	8	2	20	0
Leigh-Brown	3	0	13	1

Guy's v. Catford Wanderers

Away — 31st May, 1958

Result—Lost

Guy's

R. Norman, b. Gavin	3
J. Eustace, b. Hook	7
J. Sedgewick, c. Nixon, b. Hook	11
P. Sievers, b. Hook	9
K. Pagliero, b. Goddard	28
A. Dyde, b. Goddard	17
G. Bury, b. Culley	33
C. Green, c. Nixon, b. Gavin	0
N. Trayfoot, b. Gavin	5
J. Lane, b. Culley	13
A. Leigh-Brown, not out	2
Extras	6
Total for 10 wickets	134
Catford Wanderers for 4 wickets	135

Bowling	O.	M.	R.	W.
A. Leigh-Brown	21	2	68	1
J. Dyde	8	1	14	0
G. Bury	7	2	21	2
J. Sedgewick	5	1	15	1

Guy's v. Dulwich Hamlet

Home Result—Won 8th June, 1958

Guy's

K. Pagliero, c. Whitworth, b. Adams	2
R. Juniper, c. Joyce, b. Goddard	29
J. Dyde, c. De'ath, b. Goddard	42
G. Bury, *not out*	31
R. Norman, b. White	10
J Eustace, c. Joyce, b. Dobbs	15
A. Leigh-Brown, not out	6
Extras	15
Total for 5 wickets	150

Dulwich Hamlet for 4 wickets declared 147

Bowling	O.	M.	R.	W.
J. Dyde	21	3	44	2
A. Leigh-Brown	4	1	20	0
M. Woodman	6	0	15	0
P. Banks	8	1	34	2
G. Bury	3	0	22	0

Guy's v. Old Paulines

Away *7th June, 1958*

Result—Lost

Old Paulines won the toss and elected to bat on an easy-paced wicket. Leigh-Brown and Dyde opened the bowling for Guy's and the former in his third over took two wickets with two balls. Dyde was bowling very accurately and was rewarded with a wicket in his sixth over. Guy's were now apparently on top, with their opponents at 21 for 3. There followed a fourth wicket partnership of 132 during which the Guy's bowling and fielding deteriorated. The Old Paulines declared at 181 for 4, leaving Guy's just over two hours to get the runs.

Guy's went for the runs from the start; Dyde dominated the scene at first, driving well on both sides of the wicket before being bowled for 51. Sievers batted well, hitting a fine 6, but was caught at 27, trying to repeat it. The rest of the Guy's innings belonged almost entirely to Bury, who batted patiently to complete an excellent 50, being run out four minutes from time and only 18 runs short of victory.

Guy's

M. M. Tuddenham, l.b.w., b. Godfrey	3
J. A. Dyde, b. Cook	51
J. N. Davies, b. Mills	5
P. F. Sievers, c. ?, b. Mills	27
R. G. Bury, c. ?, b. Cook	50
J. D. Eustace, run out	6
J. R. Norman, b. Cook	0
J. Sedgewick, b. Barter	5
A. Leigh-Brown, b. Barter	0
E. Barker, run out	0
P. Banks, not out	0
Extras	17
Total for 10 wickets	164

Old Paulines for 4 wickets 181

Bowling: J. A. Dyde, 2 for 34.
A. Leigh-Brown, 2 for 58.

ATHLETICS

SPORTS DAY

The most noticeable feature of the various athletic events was the lack of competitors. It is very sobering to think that out of about eight hundred students eligible to compete, only twenty had the enthusiasm to do so.

The general standard of competition was high although no records were broken. The 100 yards record was equalled by C. Evans, and the pole vault by G. Edwards. R. Huddy, A. Parratt, A. Davis and C. Boothby were prominent in the longer races. The field events were not as spectacular as they have been in recent years, mainly through the absence of D. Williams, who was injured early in the season. The most meritorious performance of this section was that of D. Gibb, who recorded 21 ft. 2 ins. in the long jump.

The Clement Lucas cup was won by G. Edwards with J. Robertson runner-up.

RESULTS

100 yards: 1st C. Evans 10.0 sec., 2nd D. Gibb, 3rd G. Dexter.
220 *yards:* 1st C. Evans 24.0 sec, 2nd J. Robertson, 3rd R. Weller.
440 *yards:* 1st J. Robertson 52.6 sec., 2nd R. Huddy, 3rd C. Boothby.
880 *yards:* 1st R. Huddy 2 min. 5.0 sec., 2nd A. Parratt, 3rd C. Boothby.
Junior 880 *yards:* 1st C. Boothby 2 min. 9.2 sec., 2nd A. Davis, 3rd P. Phipps.
1 *mile:* 1st R. Huddy 4 min. 34.0 sec., 2nd A. Parratt, 3rd P. Phipps.
2 *miles:* 1st A. Parratt 10 min. 6.8 secs., 2nd R. Huddy, 3rd A. Davis.
120 *yards hurdles:* 1st J. Robertson 17.0 sec., 2nd R. Notley, 3rd G. Edwards.
Shot Putt: 1st J. Robertson 35 ft. 5 ins., 2nd W. Jaworski, 3rd G. Edwards.
Discus: 1st G. Edwards 110 ft. 2 ins., 2nd J. R. Owen, 3rd W. Wood.
Javelin: 1st G. Edwards 145 ft. 8 ins., 2nd J. Robertson, 3rd W. Wood.
Long Jump: 1st D. Gibb 21 ft. 2 ins., 2nd R. Hawley, 3rd G. Edwards.
Hop, Step and Jump: 1st G. Edwards 39 ft. 8 ins., 2nd D. Gibb, 3rd R. Notley.
High Jump: 1st G. Edwards 5 ft. 4 ins., 2nd J. Robertson, 3rd R. Notley.
Pole Vault: 1st G. Edwards 10 ft. 6 ins., 2nd K. Robertson.
Clubs Relay: 1st Rugby Club 47.0 secs.
Sack Race: 1st J. Leyshon, 2nd H. Leake.
Housemen's 100: 1st P. Sheard, 2nd S. Cooke.
Tug-of-War: Medicals beat Dentals, 2-0.
Childrens' Race: 1st S. Simmons, 2nd T. Lewis, 3rd D. Cheeseman.
Ladies' Race: 1st Wendy Law, 2nd Karen Poole.
Mixed Three-legged Race: 1st Miss Calvert and R. Notley, 2nd Miss Ransome-Wallis and M. Heath.
Beer Race: Tankards.

HOSPITAL INFORMATION

REGIONAL HOSPITAL BOARDS AND BOARDS OF GOVERNORS OF TEACHING HOSPITALS

The following Guy's men have been appointed or reappointed to the boards. They will hold office till 31st March, 1961. New appointments are indicated by an asterisk.

Regional Hospital Boards

REGIONAL HOSPITAL BOARDS

Newcastle: R. V. Bradlaw.
South-West Metropolitan: *G. W. Garland.
Birmingham: Thomas McKeown.

BOARDS OF GOVERNORS

Guy's Hospital: E. R. Boland, F. H. Bowyer, C. A. Chadwyck-Healey, A. H. Douthwaite, R. A. Hayward, A. B. Kennedy, Grant Massie, A. Talbot Rogers, E. G. Slesinger, (Vice-Chairman).

Royal National Throat, Nose and Ear Hospital: C. Gill-Carey.

Royal Marsden Hospital: W. A. Mill.

United Birmingham Hospitals: Thomas McKeown.

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments, to commence duties on **1at October 1958.**

Department of Conservative Dental Surgery.
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology.

Part-time Registrar to attend on not less than 3 and not more than 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 4th July, 1958.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.
Final Examination

A. E. Buckle — R. Y. Calne
P. S. Boulter — W. J. Pryn

Primary Examination

S. K. Bosher — J. V. Jeffs
G. Brocklehurst

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Fellowship

J. R. Dickinson — E. D. Y. Grasby
G. W. Garland

NURSING NEWS

Entered:

S/N J. M. Coles to *Relief Staff Nurse.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Required

DENTAL PREMISES. Experienced energetic Guy's man (44) seeks suitable premises start Dental practice Spring 1959. Not less than four bedrooms, half acre garden. South West Region. Propositions in confidence. Box 144.

For Sale

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

GUY'S BLAZER, striped, with embroidered crest pocket. Chest 38 ins. £2 o.n.o. Box No. 145.

HISTORY OF GUY'S reduced to clear 5*s.* each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Grove S. S. and another. Internal Auto-Infection with Strongyloides Stercoralis. *Sth. Afr. J. Lab. clin. Med.* 1958 **4**, 55.

Law Frank W. Insect Sting of the Lid—and a Sequel. *Brit. J. Ophthal.* 1958, **42**, 314.

Scott, G. W. and another. Lung Abscess and Pneumonia complicating Influenza. *Lancet, 1958*, **i**, 1255.

Signy, A. Gordon. The Collagen Diseases. A Discussion on their Pathology and Aetiology. The Broadway. *Westminster Hosp. Gaz., Clin. Suppl.*, 1958, 3, xcviii.

Tibbs, David J. Arterial Grafting Today *Med. Pr.*, 1958, **239**, 521.

Vermooten, Ian R. Use of Hypnosis in Dentistry. *J. Dent. Ass. Sth. Afr.*, 1958, **13**, 178.

CHANGES OF ADDRESS

D. C. Gill, M.B., B.S., D.C.H., Penhallick House, Carn Brea, Camborne, Cornwall.

Declan O'Keeffe, M.B., F.R.C.S., D.T.M.&H. City House, P.O. Box 681, Mombasa, Kenya. (Tel. Mombasa 5525 and 71521).

BIRTHS

BASS.—On 2nd June, 1958, to Patricia, wife of B. H. Bass, M.D., M.R.C.P., a son (Timothy), a brother for Andrew.

DAVIES.—On 6th June, 1958, at Norfolk and Norwich Hospital, to Hazel (née Bryne, M.B., B.S.), wife of Bryan Davies, L.D.S.R.C.S., a daughter (Karen Lorna).

MATTHEWS.—On 11th June, 1958, at the Forbes Fraser Hospital, Bath, to Ann (née Hunt), wife of John C. Matthews, M.R.C.S., L.D.S., a son, a brother for Susan and Richard.

TOMKINSON.—On 24th May, 1958, in Nuffield House, Guy's Hospital, to Barbara and John Tomkinson, a son (Matthew James).

WALTON.—On 21st December, 1957, at Memorial Hospital, Modesto, California, to Mary, wife of Robert G. Walton, M.B., B.S., a daughter (Susan Norma), a sister for Elizabeth, Robert and William.

MARRIAGE

GILL—ROBINSON.—On 7th June, 1958, at Holy Trinity, West Hill, S.W.15, by the Rev. Kenneth Child, Chaplain to Guy's, David Charles Gill, M.B., B.S., D.C.H., to Kathleen Mary Robinson, M.C.S.P.

DEATHS

ELLIOTT.—On 4th June, 1958, Edgar Lionel Elliott, M.B.E., M.B., B.S., of The Old White Hart, Stokenchurch.

HALL.—On 11th June, 1958, Harry Donald Hall, L.D.S.R.C.S., dearly beloved husband of Enid Mary, of White Lodge, Manor Close, Felpham, Bognor Regis.

HIBBERT.—On 28th April, 1958, Wilfrid Laurence Hibbert, M.R.C.S., L.R.C.P., of 13, Lower Brook Street, Ipswich.

EDS. { J.A.W. / T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1825 *5th July* 1958 *One Shilling*

PASSIM

SATURDAY, 5th July, marks the tenth anniversary of the National Health Service. At first fiercely opposed by the B.M.A., bedevilled by party politics, and threatened by massive non-cooperation from the general practitioners of the country, the problem child has moved from uncertain infancy to an adolescence in which, though gangling and spotty, it has undeniable strength and coordination. The initial opposition has been replaced by sterling support for the service by the profession, in spite of trebled paper work and innumerable bureaucratic goads. Those of us who are now at Guy's, and have been virtually laymen during the first ten years of State Medicine, must hope that the next ten years will see similar strides made. Most of us are to be general practitioners, and it is in this field that centralization has been most restricting so far. Whitehall has not yet realized that the practitioner must be able, without financial worry, to limit the number of patients on his list if he is to treat them adequately; nor that he is cut off too completely from his patients once referred to hospital—that family doctors need to have hospital beds made available in which they can treat their own patients or conduct labours, without having routinely to refer even straightforward cases to consultants. The College of General Practitioners is flourishing in a way which augurs well for the next decade, if the Ministry can persuade itself to lend its weight to a campaign to re-establish the family doctor as the man by whom Medicine should properly be practised. Can we not make a start, as far as Guy's is concerned, with some recognition in our timetable of the eventual way of life of the majority of us ? Many teaching hospitals ensure that every clinical student has a long, close look at a good general practice in action—this Hospital, at least, will be playing its part in the further maturing of the National Health Service if we can develop an atmosphere in which there is the ambition "general practice, I hope", and not the sterile "I suppose", in the mind of everyone learning his, or her, medicine at Guy's.

On 26th June, the Royal College of Nursing unanimously elected as their new President Miss Marjorie Marriott, a Guy's nurse who has been Matron of the Middlesex Hospital since 1956. We offer her our most sincere congratulations. Miss Marriott is known to a wide public in this country, through her appearances in a number of television programmes. She is also Honorary Treasurer of the International Council of Nurses.

We offer our congratulations to three Guy's people who were honoured in the Queen's Birthday List in June. The C.B.E. (Civil Division) is awarded to Dr. Charles Hallpike, F.R.C.S., F.R.S., and a similar honour goes to Miss Barbara Nockolds, R.R.C., who is Matron-in-Chief of Queen Alexandra's Royal Naval Nursing Corps. The O.B.E. (Civil Division), is awarded to Dr. Robert Lloyd-Still, M.R.C.S., L.R.C.P., who is Medical Superintendent of the Mental Hospital in Barbados, Federation of the West Indies.

The bus-strike, now happily concluded without any more disastrous extension, was not entirely without medical importance. It seems, and this will be borne out by any London practitioner or Casualty Officer, that quite a fair amount of latent disease has been uncovered earlier than it would normally have appeared. It also reflects on the remarkably inevitable daily existence of the office worker, in and around London; his daily life is exactly geared to suit his heart, his lungs or his peripheral vessels. Any extension beyond the distance to and from the office, any undue exertion beyond the week-end gardening or the single round of golf, which may produce symptoms of fatigue, is put down to "lack of training" and, instead of consulting the doctor, the routine is more rigidly adhered to. In this way disease may progress much further in an office worker before it is spotted, than in a labouring man or a professional man who is daily changing the tempo of his work and measuring his ability by different standards.

There came suddenly out of the blue the bus strike to upset this exact routine; and, immediately, people used to riding to work, to being carried up the hill, to sitting that extra half hour every day, noticed the pain in the legs, the palpitations or the breathlessness that came with unaccustomed exertion. Many soon became used to their newly enforced standards but not a few fell by the wayside and came to their doctors' surgeries with evidence of incipient heart failure, atheromatous coronary arteries, chronic chest infection or narrowed vessels in the legs. Doubtless there were fatalities among the "heart attacks" but perhaps the only good thing the bus strike did achieve was to bring for treatment patients who never knew they needed it.

Everyone who has met Professor Robert Robinson during his month's stay at Guy's is sorry that his visit is over. We are particularly glad that the clinical students who have benefited so much by his presence were able to give him a traditional Guy's send-off, when he joined Mr. Batchelor, Mr. Reading, Mr. Salmon and their joint firms, for a most successful firm dinner at the Cheshire Cheese.

We heartily congratulate the Lawn Tennis Club on their splendid victory in the final, on 28th June, of the University of London Championships, which they last won in 1955. This is a remarkable achievement in the face of severe competition from over thirty other colleges. The Club have also been Inter-Hospitals' Champions for seven years, and will defend these laurels at H.O.P. on 9th July, in the final against University College Hospital.

This time of year is always slack in hospital; waiting lists are low and "Take-ins" more idle, and housemen use the time in dealing with some of the (metaphorical) "sludge" that accumulates in the admissions file. This is partly due to the annual improvement in "winter ailments"; partly due to the natural invigorations of spring; but in a large measure due to a traditional reluctance of our potential patients to admit the possibility of ill-health anywhere near their holidays. While this is entirely understandable it sometimes becomes a little far fetched; patients who will applaud your three-week course of treatment in January will expect the same in three days in June, lest the landlady in Margate pocket the reservation fee. Guy's is still not a holiday resort.

We apologize for describing Dr. M. C. Joseph, who is Assistant to the Director in the Department of Child Health, as Senior Registrar, a post in which he has been succeeded by Dr. R. W. Smithells. This error was due to staff changes made since the last issue of the *Directory*. The question of bringing out a directory is a financial headache as well as involving an enormous amount of work, so we urge any subscriber to the *Directory* whose account is outstanding to help clear up the business aspect of the old edition; then perhaps we may hope that a new one will become a slightly more practicable proposition.

It is not very original to say that time flies, but it is occasionally borne in upon us more forcibly than usual. On the day-to-day plane, we are, of course, disturbed to find ourselves nearer to 1959 than to 1957. More broadly, a vivid incident occurred recently when an obstetric take-in dresser, taking a history from a lady-in-waiting in *Victoria*, found that she was born during the Battle of Britain. It is possible that the first post-war baby to become a mother at Guy's will be delivered by a student who is already working here. We repeat, without apology, that time flies.

That peripatetic Guy's man, Mr. Frank Dawson Gratrix, whose book "Holiday Beaches in Northern France" was reviewed in the *Gazette* of 7th June, has written a further intimate *vade-mecum* called "Little Roads to Spain" (Herbert Jenkins, 6s.), which we thoroughly recommend. He tells us that while covering the ground again after publication of his book, he met two Guy's travellers heading separately for Spain, both of whom were using his book without having associated it with Guy's. It is, we venture to say, a small world.

We read in the daily press that petrol stations are springing up all over the country. One of them has duly sprung on to Thomas Guy's doorstep, and we can now savour dusty concrete, red paint and the smell of petrol at only a hundred yards from the College. Another minor modernity is the new stamp-machine at the Borough High Street Post Office, which feeds exclusively upon threepenny pieces. We gather that this is the first such machine in the country, but the G.P.O. have arranged to instal another hundred throughout England, for the benefit of Guy's men who no longer live within reach of Southwark.

GUY'S DIARY

JULY.			Exhibition. Department of Surgery. *Incisions.*
7th			Dr. Charles Baker. Clinical Lecture. *Digitalis—Use and Abuse.*
8th	T	1.00	Dr. A. B. Wayte. Clinical Lecture.
10th	Th	1.00	Dr. C. Hardwick. Clinical Lecture. *All About Diabetes* (with film).
		5.00	Mr. P. Schurr. Neurosurgical Demonstration. Clinical Theatre.
12th	S	10.00	Mr. Murray Falconer. Departmental Round.
14th	M	1.00	Mr. J. S. Tomkinson. Clinical Lecture. *Some Post-Natal Problems.*
		5.00	Professor Jost. The Addison Lecture (see below).
17th	Th	1.00	Mr. R. M. Rome, M.R.C.O.G. (Obstetric Surgeon of the Women's Hospital, Melbourne). Clinical Lecture. *Diabetes and Pregnancy.*
		5.00	Cardiological and Radiological Meeting. Gordon Museum.
18th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Some Congenital Abnormalities of the Lung.*
21st	M	1.00	Dr. R. D. Hoare.

NOTICE

THE TWELFTH ADDISON LECTURE

will be delivered on

MONDAY, 14th JULY, 1958 at 5 p.m.

BY

PROFESSOR ALFRED JOST

Faculty of Science, University of Paris

ON

BIOLOGICAL BASIS OF SOME RECENT CONCEPTS ABOUT SEX

IN THE

PHYSIOLOGY THEATRE, GUY'S HOSPITAL MEDICAL SCHOOL

The Chair will be taken by : Professor R. PLATT, F.R.C.P.

Applications for Tickets should be made to : The Dean, Guy's Hospital Medical School, S.E.1.

OBITUARY

H. DONALD HALL, L.D.S.R.C.S.(Eng.).

His many friends have been deeply shocked at the sudden death of Mr. H. Donald Hall, L.D.S.R.C.S.(Eng.), on Wednesday, 11th June, after his courageous fight to regain his health since his severe illness of 1956.

Aged 60 years, Mr. Hall came to live at White Lodge, Manor Close, Felpham, 28 years ago. He qualified at Guy's Hospital in 1923, where he was Dental House Surgeon, before joining Kent County Council for a few years. He became Principal Dental Officer for West Sussex County Council, where he built up one of the best School dental services in the country. He was Consultant Dental Surgeon to St. Richard's Hospital, Chichester, for 17 years, also served on West Sussex Hospital Management Committee for many years, and on the Committee of the Public Dental Officers' Group for which he travelled all over the country. His name was well known to many as a regular contributor to the *British Dental Journal*, as correspondent for the Group. He will be remembered for his keen activities during the last war as Officer-in-charge of Felpham Ambulance Depot, and during World War I he served in the Royal Irish Fusiliers as a lieutenant.

His local activities included Social Secretaryship of St. Mary's, Felpham and membership of the P.C.C.

Mr. Hall was a keen sportsman, for many years a match player for the Gordon Lawn Tennis Club, Chichester, and a playing member of Bognor Golf Club.

ERASMUS DARWIN

By HUGH BARBER, M.D., F.R.C.P.,
Physician Emeritus, Derbyshire Royal Infirmary

Whence drew the enlighten'd Sage the moral plan,
That man should ever be the friend of man ;
Should eye with tenderness all living forms,
His brother-emmets and his sister-worms.—The Temple of Nature.

SIR WILLIAM OSLER once said that in the scientific world the credit does not go to the man who first had the idea but to him who convinced the world.

This is illustrated in the theory of Evolution which was first put forward by Erasmus Darwin in the eighteenth century—quite clearly, but it was not seriously received. Whereas the fame goes to his grandson, Charles Darwin, who translated the theory into a doctrine by his demonstration of an enormous number of facts.

The Medical Round.

Erasmus Darwin (1731-1802) was born near Nottingham, was at school in Chesterfield and studied classics, mathematics and medicine at Cambridge. During one term he attended John Hunter's lectures in London. He became a notable student in Edinburgh, where he obtained the M.B. degree in 1755. His medical writings later in life are headed F.R.S. and M.D.

He began medical practice in Nottingham but after two months went to Lichfield, in 1756, where he had some introductions. From this centre he conducted a busy and successful practice for about twenty-five years; after which he removed to Derby at the time of his second marriage, where he carried on his profession for another twenty-years.

In Lichfield he made a fortunate start in that an important man, with a dangerous fever, was left by his doctor as a hopeless case and Darwin by "novel treatment" cured him. There are no medical notes; we have to rely on a lady biographer; one can only speculate on the doctor's good fortune. Perhaps the patient was suffering from a protracted attack of typhoid fever. In my own days, as a medical ward-clerk, at which time the stools were not examined bacteriologically and the Widal test was not perfected, it was not unusual for a distinguished physician, when an obscure case of fever recovered, to suggest that it was probably typhoid.

From this piece of natural history it would appear that the young doctor's reputation was established. We hear that his colleagues considered him rash and experimental because he discarded so many routine methods of treatment. It would seem, however, that he acted according to his beliefs and not by way of advertisement.

Another success came when the Countess of Northesk broke her journey from London to Scotland at Lichfield. She was seriously ill with consumption and the mistress of the inn where she stayed persuaded her to see Dr. Darwin. He took her into his own house for a fortnight's observation. He said the doctors of London and Bath had given her too much medicine and that he would give very little, and prescribed a diet of milk, vegetables and fruit. The patient was dyspnoeic and hectic with occasional haemoptysis. She is stated to have recovered but died a year or two later from a severe burn.

There is an interesting record of a Duchess suffering from lead poisoning from using white enamel paint as a cosmetic. The doctor was not supposed to know of this but he very gradually led up to the question of some poison and tactfully dealt with the problem.

By way of contrast he went straight to the point in the case of a second wife, who had some sort of tantrums, and damaged the picture of her husband's former wife. He told her in so many words that she was inferior to the first wife. And she dare not in future lose her self-control if Dr. Darwin was at hand.

Perhaps these last two make a greater appeal to the medical mind. The two former must very largely have been the result of natural causes.

There is one more such story; when a lady from Radburn (who eventually became his second wife) claimed that a Derby doctor's prescription had poisoned her children who were suffering from whooping-cough. She brought them (twenty miles or so) to Lichfield and she, with the children, remained in the doctor's house for a few weeks, with a satisfactory result. Here, again, a medical biographer might think that nothing very remarkable had been achieved. But we are justified in concluding that he brought a strong personality, with courage and cheerfulness, to his patients and that he understood prognosis.

His reputation stood very high and his name was well known beyond the Lichfield, Birmingham and Derby area. His biographers state that he was often encouraged to move to London, where it is said King George III offered to become his patient. His Majesty was of course in the hands of Heberden, so that perhaps it meant little except a compliment.

No doubt Darwin was a man of level head, who was wisely satisfied with his position; accepting the honour sometimes of a patient coming to him from London or Bath. Moreover he had so many intellectual interests, particularly the Lunar Society, which he would not leave.

He was driven in a carriage with a pair of horses—one of which was white; and behind was a horse trained to follow, so that the doctor could ride to less accessible places. He spent many hours on the road. The carriage was fitted up with a knife, fork and spoon. There were writing materials and a pile of books. It would seem that most of his writing was composed whilst on the road.

On arrival at some house, on a professional visit, he would sit down to a substantial meal before seeing his patient. On one occasion we read of a daughter, anxious about her mother, who was a little critical of this delay before the medical opinion. The principle, however, was sound. A doctor cannot give a considered opinion when he is tired and hungry; although he will be quite able to tackle an emergency.

Early in his Lichfield days there was an announcement in the local paper that the body of a malefactor to be executed would be conveyed to Dr. Darwin's house for the purpose of anatomical lectures, for those to attend who were interested in medicine, surgery, or "whom love of science may induce".

Later in life, in Derby he founded a Dispensary where doctors should give voluntary advice to the poor; which proved a failure. Perhaps the profession locally were not encouraging. The scheme was sound, because results were to be published so that subscribers could judge the utility of the institition. He had in mind particularly the inoculation against small-pox; as brought by Lady Mary Montague from the East, which he practised with success. (Jenner's inoculation of James Phipps with cow-pox took place in 1796.)

A few years after Darwin's death the Derbyshire (later Royal) Infirmary was built. In his time in Derby the population would be about twelve thousand, with one clergyman to every seven hundred people, one doctor to every five hundred and one lawyer to every four hundred.

His annual income from practice rose steadily to something over four figures but he was generous to the poor and there is no record of exceptional fees. In 1793 he was able to subscribe liberally to a fund for war relief.

His second wife, the widow of Colonel Chandos-Pole who had been considerably her senior, had a fortune of her own when she married the doctor. This attractive widow was courted by a number of young suitors. When, in

reference to Erasmus and his age, someone said—"What is fifteen years on the right side ?" She replied; "I've had so much of the right side". It was, however, a happy marriage.

From his poetical writings he gained considerable financial reward. Although in the habit of remarking that he only wrote for gain, it seems quite unlikely that this was the real incentive.

Whilst in Lichfield he was rather reticent about his poetic aspirations but later in life he claimed that he had made a medical reputation so that he was not afraid to be known as a poet.

Evolution.

Zoonomia, his treatise on natural history and medicine, contains the first suggestion of Evolution somewhat in the form of an hypothesis, but there is a good deal of sound natural history with evidence for the survival of the fittest, sexual selection and protective colouring. Dr. Krause in 1879 wrote; "it is to Erasmus Darwin therefore that the credit is due to having first established a complete system of the theory of evolution". But it would seem that the world was not ready in the eighteenth century to receive the doctrine and perhaps, with much of it in the poems, it would be taken for flights of fancy. Indeed when he suggests in *The Botanic Garden* poem that the work of Priestly and Watt might enable ships to travel under the water, his lady biographer dismisses it as "a whimsical suggestion". And so it was very largely with his ideas of evolution. She did not approve of his agnostic religious tendency, and reminds one rather of the Victorian lady who said of Thomas Carlyle; "on some things he thinks for himself and this is very wrong".

In Charles Darwin's *Origin of Species* (1859) there is a foot-note about his grandfather's observations but less recognition than one might expect.

An extract from his poem, *The Temple of Nature* (1802) will illustrate how far he had penetrated into the problem of evolution:—

Organic life beneath the shoreless waves
Was born and nursed in Oceans pearly caves;
First forms minute, unseen by spheric glass,
Move on the mud, or pierce the watery mass;
These as successive generations bloom,
New powers acquire, and larger limbs assume;
Whence countless groups of vegetation spring,
And breathing realms of fin, and feet and wing.

Imperious man, who rules the bestial crowd,
Of language, reason and reflection proud,
With brow erect who scorns this earthy sod,
And styles himself the image of his God;
Arose from rudiments of form and sense,
An embryon point, or microscopic ens.

Medical Knowledge.

He would appear to have a distaste for medical controversy; late in life he told his doctor son that he had several medical dissertations finished for the press but did not care to publish them because of the expected criticism.

His main work, *Zoonomia or the Laws of Organic Life*, was published when he was sixty-three years of age and one gathers that he intended it to be read after his decease rather than by his contemporaries.

There are twelve hundred pages and apart from the theory of Evolution, already referred to, it is a medical treatise made up of theory and detail; more in keeping with the various systems in vogue at the time. Perhaps in Edinburgh he would have learned the Boerhaavian System (from Leyden) in which man was explained as a hydraulic machine of pipes; with chemical changes; stoppages etc. (was this anticipating anticoagulant therapy?). Or he would be familiar with the Brunonian System of sthenic and asthenic disease. Darwin believed in four classes of disease; those of Irritation, of Sensation, of Volition and of Association. It is not very understandable but he laments that he could wish to expend another forty years in the study of medicine. The spirit of his medical philosophy is contained in the sentence; "And happy therefore is the patient whose physician possesses the best theory".

In the pages that follow the theo appears rather forced and artificial but

there is much clinical material; although the case histories are not followed up well and there is little morbid anatomy.

The scheme sets out to catalogue disease into: The Natural Classes according to their proximate causes; with subsequent orders, genera and species; with their method of cure.

We find some interesting observations of disease with isolated therapeutic notes; such as the fact that crude mercury, one or two ounces twice a day has stopped pertinaceous vomiting.

For hæmorrhage from the kidney, when many drugs had failed, immersion in a cold spring up to the middle was successful. Also a patient with epistaxis was relieved by immersion of the head in cold salt water; "but the pulse continued hard".

He studied dropsy and knew that sometimes the urine put over the fire coagulated so as to look like white of egg. He regarded dropsy as a disease of the lymphatics, although some people thought the kidneys were to blame. He quotes total suppression without dropsy as an argument against the kidneys being diseased in dropsy. His most practical work was the clinical study of which cases responded to digitalis. Although rather surprisingly in this connection he does not mention his friend Withering of the Lunar Society whose *Account of the Foxglove* was published in 1785.

A patient with dropsy, palpitation and dyspnœa was cured, which is what we should expect; but digitalis failed in a young woman with ascites, who required tapping; which one imagines was tubercular peritonitis.

He quotes an observation that the urine of a diabetic patient evaporated to a treacle like substance but the serum from the blood had a saltish taste; from which it was concluded that the saccharine material in the urine did not enter the blood.

In a chapter on Paralysis of the Liver he records the cure of jaundice by an electric shock, obtained from a Leyden jar.

He has some interesting ideas about sex and emotional upsets which would appeal to Tristram Shandy's views about untimely remarks. Darwin, however, does not pursue his theories very far, but concludes "this cannot be unfolded with sufficient delicacy for the public eye."

Small-pox is well described, and inoculation as brought from the East by Lady Mary Montagu. So also Mumps, Measles, Whooping-cough, Erysipelas and Tonsillitis; but other conditions such as the typhoid group and even pneumonia not well defined. He divides fevers into those with strong pulse and those with weak pulse.

He adopts something which he calls a Sympathetic theory of fevers and discusses the Mechanic theory of Boerhaave, the Spasmodic theory of Cullen and the Putrid theory of Pringle.

He believed in critical days and that these are influenced by the moon. Fourteen days is called "a half-lunation". He makes no mention of contagion in puerperal fever in the main work, but it is of great interest that in an Addition at the end he records (1795) Dr. Alexander Gordon's observations in Aberdeen, that there was purulent material in the peritoneum and that he believed the infection was carried by the accoucheur or the nurse. Which not only gives credit where it is due but shows that Darwin kept himself up to date.

At the age of sixty-one in writing to his medical son Robert he says he will read, "all the new medical journals and other publications which are not too voluminous". Perhaps he should have carried in mind the last few words of this sentence when he published *Zoonomia*.

He quotes Heberden on angina. He knew the patients often died suddenly and although he was aware of the findings in the case of John Hunter, he thinks there is usually nothing abnormal to be found in an autopsy.

In this volume based on theory there is so much that does not readily fit in. But he makes one of his characteristic successful prophesies when he suggests that the use of the microscope may reveal a new world.

He was well read, quoting from John Hunter, Sydenham, Heberden, Cullen, Mead, Pott and Blane. Although he dissected a healthy man, it would not appear that he had time or interest to obtain post-mortem examinations and he does not mention the *Sites and Causes of Diseases* (1761) by Morgagni.

Without any hospital work and with little opportunity of discussing medical subjects with colleagues *zoonomia* is a remarkable achievement. He must have spent many hours in his carriage studying medical writings, and doing some original thinking.

His reputation, which stood so high, will have been well deserved. There was nothing of the charlatan in his character. If we realize that nature cured some of the patients through whom his fame was spread, no doubt he is in good company.

In taking a medical history he liked to make direct inquiry. He would be too busy to listen to a very long story.

He was a firm advocate for temperance and it was said that "he sobered the county of Derby".

He appears to have had some foible about salt being injurious. He believed it was the cause of sea-scurvy in long voyages. He was not very favourable to sea air; which is of interest because it was during this time that the seaside holiday was coming into fashion.

To ward off an attack of gout in himself he took six grains of Calomel, "which acted in two hours", and a grain of opium at night. For a patient with kidney disease he prescribed ten grains of calomel. A hundred years later drastic purges were in vogue for eliminating the poisons retained in the system from nephriris and some morbid anatomists were attributing the colitis they sometimes found to the jalap and cream of tartar which had been prescribed.

That he gave advice in addition to many drugs is illustrated by the fact that he told his friend Watt (of Steam-engine fame), when he was obviously over-working, "to ride some furious hobby-horse".

The Man.

When he began practice at the age of twenty-four years we are told that he was marked with small-pox, had a saturnine look unless animated but with an attractive smile. He wore a full-bottomed wig which made him look older. He stammered and was "sore upon opposition". He did not meet Samuel Johnson many times in Lichfield, who our lady biographer says "only liked worshippers". A good deal has been written about their mutual dislike and of course their religious beliefs were very different, with Johnson the orthodox believer and Darwin's views not easy to place, but perhaps best expressed by the words "philosophical doubt". As a young man when his father died he wrote: "The light of Nature affords us not a single argument for a future state". During his last illness he said it was natural to extend our wishes and views beyond the present scene; "but let us not hear anything about hell".

If there had been a doctor-patient relationship between Darwin and Johnson it is probable they would have been firm friends.

We are told that generosity, wit and science were Darwin's household gods.

The children of his first marriage found him rather austere but those of the second loved him dearly. He advised on children's education: "Teach them benevolence and industry by your own example for children are emulous to acquire the habits of advanced life". Which perhaps contains a little more wisdom than the hackneyed maxim that example is better than precept. And in matters of "please" and "thank you" it is for parents to illustrate their own good manners.

Between his two marriages there was a mistress by whom he had two daughters. He saw that these girls were educated and set them up in a school at Ashbourne. For them he wrote a short treatise on *Female Education* which would be quite suitable for a modern prize-giving occasion; although there might be some criticism of the statement, "That great eminence in almost anything is sometimes injurious to a young lady". There is one incident when advising against cruelty which might even have made Jane Austen's young ladies' smile. Because he tells of a girl, walking with a boy friend, who stepped out of her way to tread on an insect. This suggested cruelty to her swain; " so he relinquished his idea of courtship".

In his medical treatise there is a piece of advice about marriage under the section of Hereditary diseases. "As many families become extinct by hereditary disease, as by scrofula, consumption, epilepsy or mania, it is often hazardous to marry an heiress, as she is not unfrequently the last of a diseased family".

It is never very satisfactory to try to recapture wit or wisdom from recorded sayings but we have a few. He said "the world is not governed by the clever men but by the active and energetic". He believed that in order to be cheerful one must appear to be so. Which is probably good philosophy for a doctor. But of course it must be genuine good feeling and not as in the case of one of his friends—Edgeworth—who was once described as the "worst form bore—a boisterous bore".

When his health was deteriorating with age his medical son Robert urged him to leave off professional work but Dr. Darwin said; "It is a dangerous experiment, and generally ends in either drunkenness or hypochondriacism".

As evidence of his benevolence and the gratitude it earned there is the fact that a highwayman near Nottingham apologised and rode away because the doctor had saved his mother's life. And there is the story of a jockey who gave him a racing tip for similar reason.

His knowledge of human nature enabled him to become friendly with Rousseau, who spent his days in a sort of cave in "melancholy contemplation". Darwin, anxious to make his acquaintance, sauntered by the cave and minutely examined a plant growing in front of it, which drew the recluse from his lair.

In politics he favoured the American Colonists and was friendly with Benjamin Franklyn. With his fellows of the Lunar Society he hailed the French Revolution as a blow struck for Liberty, although he became disillusioned and was very hostile to Napoleon. He preached anti-slavery, prison reform and less restraint for the insane.

Science and the Lunar Society.

The famous Lunar Society was started by Darwin to study science and the arts. It received its name because the meetings were to take place at the time of a full moon so that carriage journeys at night would be possible. Shortly, however, it gained a nick-name because at one meeting during dinner a harmless snake escaped from the pocket of a member who had picked it up in the cold. The incident caused some little excitement and the butler in the servants hall remarked; "What can you expect from them Lunatics" ; and the Society adopted the new name.

A favourite meeting place was Samuel Galton's, Great Barr House, in Staffordshire, seven or eight miles from Birmingham and twelve from Lichfield. The meetings lasted from 2 p.m. till 8 p.m. and some of the inventions and discoveries of this group had far reaching effects on life.

It would appear that every member consulted Darwin about his particular problem and it is possible that his spirit lives more in their inventions than in medicine.

James Watt inventing the steam-engine was linked with Matthew Boulton the metal manufacturer. Joseph Priestley, of oxygen fame, was curious about so many subjects. Of three doctors, Small, Stoke and Withering the last named wrote *An Account of the Foxglove* (1785), the origin of which was local folklore; as in the case of Jenner's vaccination. James Kier experimented in chemistry. Joseph Wedgwood, the potter, was an occasional visitor. Richard Lovell Edgeworth eventually settled in Ireland.

Darwin's lines on the steam-engine, from *The Botanic Garden*, are often quoted:—

Soon shall thy arm, unconquered steam, afar,
Drag the slow barge, or drive the rapid car;
Or on wide-waving wings expanded bear
The flying-chariot through the fields of air.

He himself was responsible for a number of inventions. There was a windmill, which was later adapted to steam. There was a scheme of his adopted for draining bog in Ireland. He invented a carriage which would turn easily but he was thrown from it, sustaining a fractured patella.

He suggested that mankind, instead of wasting energy in wars, might have the enterprise to tow icebergs from the arctic seas to the tropic regions so that climate would be more equable. We might call this a "whimsical suggestion". And yet, at the present time, modern scientists are showing anxiety lest some unfriendly power might learn to control the weather of this planet on a large scale, with detriment to their enemies.

He had the practical idea that water could be smoothed with oil. And he studied magnetism.

It was well known that the members of the Lunar Society had favoured the French Revolution at its commencement, which led to the riots in Birmingham from which Withering escaped with his books and botanical specimens, but Priestley's house was destroyed with loss of apparatus and manuscripts for which there was no reparation; and he ended his days in America.

The Poems.

Both Cowper and Horace Walpole spoke highly of the Poem, *The Botanic Garden* (1789), which had been written some ten years before. The poetry receives favourable recognition in encyclopædias but did not live for long.

It has been suggested that a parody was damaging but perhaps the mixture of a classic design with scientific prophesy would not appeal for long. The extracts above will illustrate the style. *The Temple of Nature* was published in the year of his death.

Memorial.

His was a very interesting personality with talent for friendship, for doctoring and for scientific inquiry. He must have had considerable influence in shaping the thoughts of other people. How much of his spirit remained with the profession locally we do not know. His flair for prophesy was remarkable of which, in medicine, the future he foretold of a new world to be revealed by the microscope is, perhaps, the most important.

His portrait by Joseph Wright of Derby is in the National Portrait Gallery and there is a memorial tablet which survived attempted arson by the suffragettes, in Breadsall Church, near Derby. There is, in the borough, a Darwin terrace, from which Erasmus Street leads off; but not in a distinguished part of the town.

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CORRESPONDENCE

Letters to the Editor of the Gazette

A Hodgkin Letter

SIR,—I recently found the following letter in the collection of Dr. Hugh Montgomery, and am indebted to him for permission for its publication in the *Gazette*.

Brook Street,
London.
January, 3rd 1832.

My dear Friend,

I must, on the present occasion, content myself with a shorter letter than I like. Charles Dickens, the very popular writer, known on your side of the Atlantic as well as on this by the assumed name of "Boz", has already left town for Liverpool in order to embark in the Britannia. He will doubtless be well charged with introductions, nevertheless, I am solicitous to promote his becoming acquainted with the scientific and benevolent in the important and polished city of Philadelphia, and for this purpose I am persuaded that I cannot do better than introduce him to thyself. Did time allow I would enter on various topics, medical, ethnological, colonizational, etc., but I must not now make the attempt but hasten to subscribe myself.

Thy attached friend,
THOMAS HODGKIN.

The recipient of this letter was Samuel George Morton, M.D., Physical Anthropologist, Professor of Anatomy and Physiology of the Pennsylvania Medical College. The subject of the letter requires no description. The writer of the letter was then curator of the museum and lecturer in morbid anatomy at Guy's Hospital. In the same year he published an account of the morbid appearances of the lymph glands and spleen occurring in a fatal syndrome of which twenty years later Samuel Wilks described the clinical futures, and named it, after its first describer, Hodgkin's Disease.

Yours etc.,

Hospital of the University of Pennsylvania,
3400 Spruce Street,
Philadelphia, U.S.A.

H. E. HOLLING, F.R.C.P.

Clubs' Union Council

SIR,—As one of the "unelected" student members of the Clubs' Union Council, referred to by Messrs. Preston and Nicholson and Steadman and Craft, in their letters in your issue of 21st June, I should like to give an explanation of the position. I should also like to put forward a point of view that I believe to be held far more widely among students than that expressed by the editors of *Pulse* and by a few others.

I was elected to the Council twenty months ago, as a representative of certain of the athletic clubs. Since then, in spite of requests sent out by the Secretary of the Clubs' Union, nobody has taken the trouble to arrange a meeting to elect successors. I have continued to receive invitations to council meetings because there is as yet no one to take my place. This may be an unfortunate situation, but it does reflect the general lack of interest among students in petty politics. In contra distinction to some of the Council's more recent acquisitions, I made no effort to secure election and I shall leave the council without any great regret.

During the past few days, I have talked to as many of my fellow students as possible about the recent correspondence in the *Gazette* and the publications of *Pulse*. I find that very few take any interest whatsoever in the Students' Union and that many view the recent antics of its representatives with amusement and contempt. It appears that the Students' Union is regarded with such lack of interest that anyone who cares to seek election to its Council can gain it and the Union is in fact run by a small clique. The meetings are attended by these politically-minded few, their friends and a handful of other students drawn mainly from those in their first year or two at Guy's. At the meetings a few vociferious individuals are enabled to listen to themselves talk to their hearts' content and then to pass whatever motions they please.

Similarly, most people neither know, nor care, who runs the Clubs' Union. The few who have thought about it realize that the main burden of the management of the Clubs' Union must fall upon the Chairman, Treasurer and Secretary, and on the Secretary of the Medical School. Those people who have realised this, expressed their gratitude to the busy men who give up some of their spare time to do this work.

I am not sure what these agitators are hoping to gain, but it is high time that they shut up and apologised to those whom they have insulted.

Yours etc.,

W. D. CALLUM.

Guy's Hospital, S.E.1.

SIR,—As an old, old card holder of the G.H.C.U. (Guy's Hospital Clubs' Union). I was amazed at the revelations of your C.C.C's (Correspondent Column Contributors), in recent issues. Any astute political observer with a S.P.W.K.I.C. background (pronounced Spwkic, and standing for Sunday Paper Working Knowledge of International Cartels), can see the grasping hand of Combinism stretched out from the G.H.S.U. over the heads of the G.H.S.C. The Combinist Party stops at nothing, and all anti-combinists should guard against the danger of leaving the back-door of the G.H.S.C. and G.H.C.U. open for combinism.

The present dangerous situation has been made even more complicated by the conflicting reports circulating concerning the party policy of the really big organisation, the G.H.C.U.—have the Combinist Party got control ? On-the-spot observers state that Union Chiefs have only this to say in answer to the "64-dollar" question—"No comment". But there are strong rumours that G.H.C.U. funds have been bolstered up to meet the pressure from rank and file elements by foreign sources. One reporter has gone so far as to state, I quote, "Money-bags were seen to be unloaded at the back-door of the G.H.C.U. Head Quarters late last night—These bags definitely had snow on them."

It is difficult to get a clear picture of events with the shadow of the Scythe and Mallet, the party emblem of the combinists, falling over the G.H.C.U. It looks as if C.P. pressure groups have broken through at several points to gain control of the Union Council. Certainly political flash-point was reached when the G.H.C.U.C.C. (Central Council), vetoed the demand of the G.H.S.U. for a P.G.M. of rank and file members to vote on the raising of the union subscriptions.

The take-over bid of the Combinist Party follows the same old pattern, th-

kid-gloved hand hiding the knuckle-duster, the Dove of Peace with a one-and-a-half-ton Hydrogen Bomb hidden in its wing feathers (The Combinists breed big pigeons). I quote from the files of the Chairman and Secretary G.H.S.U., "The recent initiative for amalgamation came from the A.G.M.G.H.S.C., 1957. . . Following an innocent enquiry from a lady member etc. . . ." There are many thousands now stretched out on barbed wire charpoys all over Europe, who could give a similar account of an 'Innocent Enquiry' of the Combinist Party, and fixing the vote just before lecture times. If you raise your head from the *Gazette*, look out into the garden and see a tiger sitting there, it is easy to shrug in disbelief, mutter, "Impossible," and go back to your reading. It takes a man of courage to shout, "Look-out ! there is a tiger in the garden !" Such a man is Mr. Eckhoff. As all men of courage he runs a grave risk, for the Party has ways of dealing with such outspokenness. Political eclipse can easily take place when one is flung into the Siberian wastes of the National Health Service's outer fringes. A Hebridean G.P -ship has little say at Central Office. Examples of Combinism, with its cry of "Combine Everything and Everything Combine," can be seen all over the world. I shudder to think what will happen if this disease spreads through the G.H.S.U., G.H.S.C. and G.H.C.U., FINALLY TO REACH THE NURSING STAFF. I leave you to imagine the result of a combinistic Theatre Sister getting control of the 'Closed Circuit T.V. Teaching Apparatus', and slipping in sub-liminal advertisements between the sutures to the effect that she was the Brigitte Bardot of any man's desires. Make no mistake about it, sub-liminal advertisement, though unseen by the audience, produces results, as the Americans have shown commercially.

At this stage it is suicidal to allow anti-combinistic opinion to circulate in an impotent void. They must be centrifuged to a hard core of action. Everyone must sacrifice something in this struggle, we must tighten our political belts, put our backs against the wall, and cut down the trees so that we can see the wood. Our battle-cry shall be 'Separation'. For what dark horrors lie in wait for us if we are overcome. Remember the fate that waits for us if we fail in this fight for freedom, the fate that does not bear thinking about.

There is a reply to this threat hanging over the G H.S.U., G.H.S.C. and G.H.C.U. It is simply to knock the 's' out of the combinistic elements of all three. Remove their studentship and you solve the problem. I appeal to all examining bodies to pass all combinistic students, irrespective of their length of apprenticeship, to 'Toothwrights' or 'Docwrights', and so rid the unions of this canker.

With everyone having had their fill of politics, I hope, may I beg the Editor to go back to printing those nice little homesy letters—*e.g.*, "The Superintendent would like to announce that owing to structural alterations, the laundry will be a little late this week." Letters which used to bring the nostalgic scent of the Tabard Yard to these Siberian wastes, and leave political disputes to flic-knives on the hospital lawns.

Yours etc.,

B. WOTTON.

Saxon House,
67, Bristol Road,
Weston-super-Mare.

This correspondence is now closed.—EDITOR.

Ronald Marx, F.D.S.

From Mr. A. R. F. Thompson

SIR,—Several friends of the late Ronnie Marx have opened a fund to assist his widow and infant son whose circumstances are understandably far from satisfactory.

If there are any readers of the *Gazette* who wish to contribute and have not been separately approached I shall be grateful if they will send their cheque to me at Guy's.

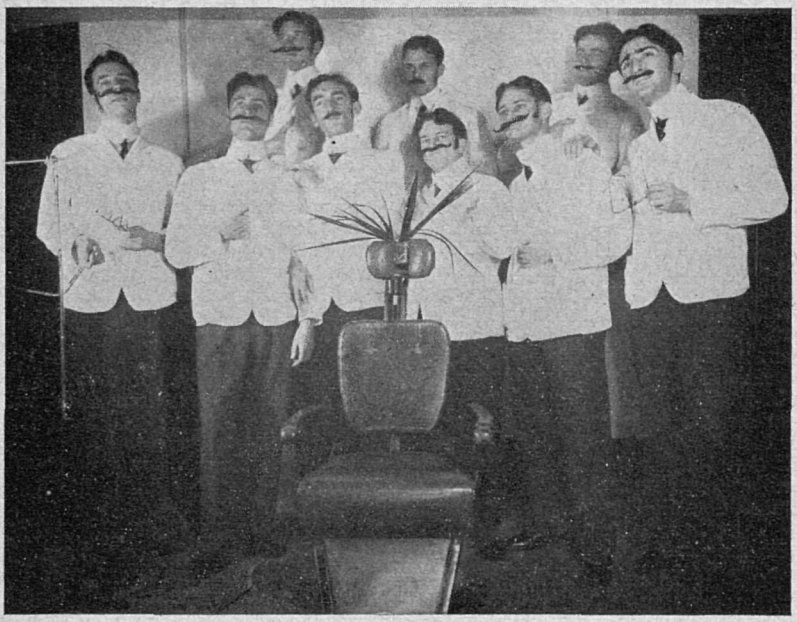
Yours etc.,

ALLAN THOMPSON.

Guy's Hospital, S.E.1.

Dental Query

SIR,—Recently whilst sorting through some papers belonging to my late uncle, who used to be in Dental practice in Wisbech, I came across the enclosed photograph which I assume was of a group of my late uncle's contemporaries.



It would, I feel, be interesting to discover if your readers are able to offer any suggestions as to the identities of these gentlemen.

Yours, etc.,
JOHN AUST.

423B, Wembley High Road,
Wembley, Middx.

Litter in the Park

SIR,—We have at Guy's an amenity which must be unique in Southwark, a spacious garden with well cut lawns, trees, and attractive flower-beds which are always in bloom. One would think that the people who spend their leisure either sitting on the grass or strolling on the paths would take as good care to preserve the Park as they would their own gardens. This, however, is not the case; newspapers, cigarette ends and even sandwich bags are thrown on the ground, so that the scene resembles a provincial race meeting at the end of a successful day. All this litter is unnecessary, and due to laziness, for several litter-baskets are provided.

In particular, it must be most distressing to those who make such great efforts to plant out the beds and maintain the lawns in such an attractive manner.

Yours etc.,
J. STEELE-PERKINS.

St. Christopher's House,
208, Long Lane, S.E.1.

Biennial Dinner

Friday, 3rd October, 1958

SIR,—As Mr. W. D. Doherty will be Chairman at this year's Dinner, it has been suggested that this would be an excellent opportunity for members of his successful Cup-winning year to meet and make up a Rugby table to bid "George" farewell and to wish him many happy years of retirement.

Will members who would like to join this table please notify Mr. Nils Eckhoff.

Yours etc.,

S. P. MEACOCK,
W. H. TAYLOR.

Rugby Football

SIR,—With the end of term approaching I am making an appeal to all rugby footballers at the Hospital to keep themselves fit during the summer vacation. Serious pre-season training will start on Wednesday, 13th August, and will continue with two sessions weekly. Later, when darkness sets in early, advantage should be taken of the flood-light facilities now installed at Honor Oak Park.

It is too early to speak of prospects for next season but I would feel happier about the position if a larger number of players would make an effort to improve their play and thus become candidates for places in the 1st XV.

Yours etc.,

A. P. BUIRSKI,
Captain, G.H.R.F.C.

ART EXHIBITION, 1958

Reviewed by L. DANIELS, Principal, Camberwell School of Art

The exhibition of work by staff and students at Guy's Hospital consists mostly in paintings. There are a few drawings and a little pottery and a little sculpture. It is a pity that the drawings are so few, because on the whole those which are shown reach a higher standard than the paintings. Mr Cameron, for instance, shows two drawings of a child and both have all the qualities his large painting lacks. The drawings are expressive, simple and direct. They are quite without affectation and they describe very precisely the subject and his feeling for it. The painting is none of these things. The subject, I should imagine, is a difficult one to manage, but the painting does not begin to cope with the problems. I use these drawings and the painting both by the same hand, because they illustrate a point I would like to make about the exhibition as a whole. It is possible, if you have a good eye and a genuinely enquiring mind, to become an untutored, but quite interesting, draughtsman. The chances of improvement are much greater if one is well taught, but quite a lot can be achieved by keen observation and a serious study of very good drawings—even perhaps in reproduction. But this is not true of painting It is an immensely complicated task and I know of no good painters who were entirely self-taught. I realize that some of the exhibitors have attended drawing and painting classes, although necessarily few, because the exhibitors are all busy people occupied with other affairs. Mr. Tomkinson, for instance shows a curiously composed nude (why so oddly placed ?) which, if one discounts the empty and useless space and concentrates simply on the figure, seems to me to be a skilful piece of work. There is also a nude by Mr. Lee-Potter which is quite well observed, simple and straightforward, a drawing rather than a painting, descriptive rather than expressive—but from this sort of approach I think it would be possible to develop well. There are also two paintings by Dr. Jean Morton which are quite different from all the others in that the painter has noticed that shadows are usually cooler than the light areas and that within shadows there are degrees of warmth and coolness. This is immensely important and it astonishes me that people who are capable of noticing quite subtle shapes and sometimes even fairly subtle forms, are usually completely blind to modulations of colour. Mr. Roberston's paintings are examples of this ability to see shape clearly and colour not at all.

Both the landscape and the portrait by Dr. Morton show some understanding of this basic principle of colour design and the small head of a child by Mr Roberts

also shows some observation of the principle. But there is much inconsistency even in so small a painting. The red coat exists in a quite different light from that which falls on the face and headdress.

Many other paintings show ability in a variety of ways. Dr. Lessof shows a very competent head well placed on the canvas, simply stated and easy to read. Mr. Mallinson shows a rather accomplished and entirely agreeable small water-colour of a mill at Cambridge. Mr. Voos shows the beginnings of a simple academic drawing of Guy's Hospital—a topographical drawing of modest pretensions, but he adds to this some curious outmoded tricks—a touch of English romantic revival (post-War) on the left and a lot of triangulation (pre-First World War) all round. At this late date it is quite impossible to *epater les bourgeois*—nothing that can be thought of can now surprise by reason of its oddity, although one may still be surprised by sensibility and even by genuine observation—neither of which have been common commodities at any time. This brings one back for a moment to the drawings; Mr. Cameron's very agreeable drawings of a child, and L. Goode's more accomplished, but to me rather less impressive drawings, but all containing some first-hand observation.

Painting is more difficult than drawing, because among other reasons it is a more complicated process and you have to think of so many things at the same time. If you cannot take lessons you can learn quite a lot from looking at pictures—but only at very good ones. It is not necessary to know many pictures; it is much better to know one or two really well, literally knowing every square inch, and the best way to do this is to copy a picture, not only the shapes, but the forms and the colours and the whole design (which is all of them added together). Paint itself is an intransigent medium.. In the hands of a master it can be thick or thin, but always it conveys a meaning with great precision. In the hands of less accomplished people paint tends to become more confused and meaningless as it gets thicker. I thought there were several examples of this in the exhibition and it was agreeable to turn from them to Dr. Mann's thinly painted beach at Deal where paint is used to try to express a feeling of the place and occasion—not simply in its own grossly inadequate right.

Finally, a word about the painting of Dr. Bunting He shows three or four works all rather naive looking and evidently, one supposes, he is untaught. Possibly they may have been copied from some other pictures, it is difficult to tell But one of them, the River Parrott, seems rather good. He has painted in this picture what he saw, or what he thought he saw, very simply and naturally—the result is rather impressive in a modest way. It is quite obvious that this simple and rather straightforward interest in the subject is not enough, but it is even more obvious you cannot possibly do without it, as some have tried with unfortunate results.

The pottery is pleasant. There is an agreeable head of a woman by Miss Lucia O'Brien in the sculpture section.

The exhibition on the whole is interesting, but it seems to me that it could be very much better. There are some things about drawing and painting which may be learned, and I think that people who practise painting ought to learn all they can, whether they are amateurs or professionals, in the same way that if one plays Rugby football it is worth playing it well. I would like to see in such an exhibition more drawings and rather fewer paintings, fewer rather unsuccessful efforts to amaze, thinner paint and much, much more observation of different aspects of reality; which is the distinguishing mark of all good painters from Picasso back to Giotto.

Sixty Years Ago

From Guy's Hoapital Gazette, 2nd July, 1898.

The attempts of the lay press to report correctly technical phrases and expressions, are absurdly unsuccessful. Everyone heard of the "changed stroke breathing" at the time of Mr. Gladstone's illness, and a day or two ago we struck another funny one in an evening paper, in the report of an inquest at the London Hospital on a case of lead poisoning. The poor house-surgeon (not physician) made the astounding remark that "at the post-mortem examination, evidence of blue lime was found." Fancy not finding it before the autopsy was made.

REVIEWS

Modern Trends in Gastroenterology (Second Series). By F. AVERY JONES, M.D., F.R.C.P. 1958. Butterworth & Co. Ltd. *Price* 78*s.* 6*d.*

Like other branches of medicine, gastroenterology has undergone a considerable advance during recent years. Here, as in neurology, great progress has been made in the integration of medicine and surgery. This book is a further valuable series of articles which will be read and appreciated by physician, surgeon and pathologist alike. Under the able editorship of Dr. Avery Jones, a group of experts in various fields has produced a set of essays on subjects of special interest Included are articles on newly recognised syndromes and problems such as Carcinoid Tumours, the Peutz-Jeghers Syndrome and blind loop dysfunction. Others are topical surveys of established problems such as peptic ulcer, ulcerative colitis and Crohn's disease. Further articles are on recent advances in physiological knowledge including an excellent chapter by Dr. J. N. Hewer.

It is probably invidious in a book like this to attempt to pick out the best contributions—this is so much a matter of taste, especially where all are well written and most are well illustrated. The balance between medicine and surgery has been kept very well and no reader can fail to gain from a study of this work. The price of 78/6d. is high but so too is the quality of the binding, printing and reproduction of illustrations. Together with the first series, this will long remain a valuable work of reference and we may perhaps hope for more to come.

P.S.B.

Pathological Histology. By ROBERTSON F. OGILVIE. 5th edition, 1957. E. and S. Livingstone, Ltd., Edinburgh and London. Pp. xi and 482; 334 text figs. in colour. *Price* 52*s.* 6*d.*

Dr. Ogilvie's collection of photomicrographs in colour illustrating the commoner changes of human pathology is well known, and has evidently met with considerable popularity. His new edition is in various respects amplified and modernised, yet some condensation of the text has been achieved.

The majority of the plates illustrate well the conditions to which they relate, while a few are indeed elegant. Some, however, could with advantage be replaced by better examples, and an occasional caption is not immune from criticism. For example, it is puzzling to see a lesion which has undergone virtually complete fibrosis following treatment with streptomycin described as "*acute* miliary tuberculosis" (Fig. 70); while Figure 202 illustrates acute hepatic *necrosis* (not atrophy), as is made clear in the legend which follows. Several misleading statements were found in the text, and one or two important omissions. The author has been badly served in the matter of misprints, of which your reviewer has counted over thirty.

It was the author's intention that this book should serve as a companion to a standard textbook of pathology. As such, its price seems rather high.

G.A.K.M.

Borradaile's Manual of Elementary Zoology Revised by W. B. YAPP, M.A. Thirteenth Edition. Oxford Medical Publications, 1958. *Price* 30*s.*

A review of the twelfth edition of this well-known textbook appeared in the *Gazette,* Vol. LXX, p. 59, and the hope was then expressed that the publishers would agree to "the early production of another edition in which as many of the blemishes as possible might be removed so that 'Borradaile' might re-gain its high reputation." This hope has been partly fulfilled and the new edition not only merits the praise accorded to the previous revision but it is noted with satisfaction that at least the worst of the errors of text and figures have been corrected. This added praise cannot, however, be given unreservedly so long as the book still harbours such unsatisfactory illustrations as figs. 422 and 423, or statements such as the schema at the foot of p. 507. As noted previously, the sections on histology and embryology both need re-writing and re-figuring. Until this is done, together with the improvement or further improvement of figs. 18, 111, 355, 364, 365, 395, 412, 413, 421, 440, 441, 445, 449, 507 and amendment of loose statements such as that about the "backbone" in cartilagenous fish (p. 315), this reviewer at least could not recommend the book wholeheartedly.

Fresh merit there is: comparison of zoological and medical terminology

of the life-history of the malarial parasite; figures of the anatomy of the cockroach; the modern view of the heart-action of the frog; the new figures and labels of the arterial and venous circulation in the frog; and A. F. Huxley's interpretation of the structure of voluntary muscle. All this is good and it is hoped that when the fourteenth edition is called for the critic will be reduced to pointing out that on p. 315 there is an "e" which is upside down !

E.W.B.

JOURNAL

PULSE. New Series. No 1 May, 1958 No. 2. June, 1958. *Price* 3*d.*

The revival of *Pulse* this summer is indicative of the ever-present student desire for self-expression in print. This kind of activity has long been recognised as a healthy and integral part of the student world. Although *Pulse* has had a somewhat chequered career, it has shown considerable talent in the past particularly in 1956 and 1957, under the direction of Dr. Napier Malcolm and Dr. John Parsons. It was, therefore, with interest and expectation that we awaited this new venture in May.

The first two editions, however, have been singularly disappointing. It is unfortunate that they leap into the attack in the first few pages. While criticism of authority is certainly not undesirable in itself, it should at least be couched in well mannered terms. In the June edition under the heading "Pulsations" a letter to the *Gazette* from Mr. Eckhoff is dissected and thrown to the dogs in a manner which is hardly within the compass of good manners. Incidently, as most well informed Guy's people know, Mr. Eckhoff has done a very great deal in the students' interest.

Apart from the editorials there are some interesting articles such as "The Quick and the Dead", "Quodlibet hears about Soviets" and "Education of Medical Students" all of which are of a higher standard. The latter is a good summary of a report on the medical curriculum by a sub-committee of the British Medical Students' Association. It contains a number of interesting suggestions on this important subject and again lays emphasis on the importance of integration of the premedical and clinical curricula.

The report on the Guy's sports day entitled "Flowers, Balloons, Gaiety and Young People" was presumably written in a hurry, judging from the following excerpt, "... a relay race in which teams such as "The House Walkers", "The Fallopian Four," "The Consultants," and so on took part. These names are funny. Consultants running are funny. One team ran the wrong way, which produced howls of delight from the throng. This was very funny." The paragraphs headed "Convict at Guy's" and "We give notice" could happily be dispensed with. One cannot help feeling that a more desirable literary standard would have been attained by omitting such phrases as "this procedure is so imbecilic", "this outrageous swindle" and "the ultimate point of idiocy" in an editorial on medical education. Perhaps some of these extravagant war cries will in the future be replaced by more mature but more effective statements.

In conclusion, it is doubtful whether this publication in its present form will survive. Many hold the view that it should be ignored and that it will gradually fade away. It is worth recording, however, that a large number of people regret that the current *Pulse* bears the name of Guy's Hospital Students' Union. It is very clear that it is neither indicative of student character nor representative of student opinion at Guy's.

I.M.

EVELINA FILM SHOW

The Evelina Children's Hospital has started a new venture by inviting a large audience to a film show of topical interest.

Approximately 90 guests enjoyed coffee and sandwiches after touring the hospital and at 9.0 p.m. saw the film "Going to Hospital with Mother", produced by the Tavistock Clinic. The visitors included members of the medical, nursing and teaching profession. The discussion following the showing of the film was proof of the interest in this modern approach to pædiatric care of the very young.

It is hoped to arrange another meeting at the Evelina later in the year.

OBITER DICTA

Mr. Gibberd, in *Victoria.* "A mistake is the commonest cause of a phenomenon".

Mr. Lawrie, lecturing. "The skeleton of the nose consists of a middle and two sides."

SPORT

Inter-Hospitals Athletic Championships, 1958

Guy's Hospital Athletic Club, winners of the Inter-Hospitals Championships. From left to right (standing), R. B. Huddy, K. Robertson, R. T. Hawley, C. E. Evans, R. G. Notley (Captain), D. E. Williams, Mr. J. S. Tomkinson (President), J. M. Robertson, Mr. N. L. Eckhoff (Vice-President), D. H. Gibb ; (sitting), A. J. Parratt, G. M. Edwards, C. B. Boothby. Absent—C. Davis, A. Korvin, R. Juniper.

Guy's retained the Inter-Hospitals' Championship Shield at Motspur Park, on 14th June, for the third consecutive year, after a very closely matched contest with St. Mary's. This championship was started in 1867 and was won then by Guy's; since that time the title has been in our possession twenty-three times—more than any other hospital, St. Bartholomew's lying second with twenty-one victories.

As in the past two years the result was due to excellent backing up of our individual winners by all the members of the Club. The final score was Guy's 118 points with St. Mary's second 98 points, having had the lead once during the afternoon. We had competitors in the first six places in seventeen out of the nineteen events and in eleven of them two men had placings. For a club whose active strength comprises only twenty members it was no mean effort.

In the three events run off before the Saturday, Guy's had two winners, G. M. Edwards won the Hammer Throw with 116 ft. 8 ins., and D. E. Williams won the Hop, Step and Jump, with 44 ft. On Saturday there was a promising start when J. M. Robertson won the 440 hurdles in 58.2 secs. with R. G. Notley second. Individual winners were C. E. Evans, 100 yards in 10.3 secs., G. M. Edwards in the Pole Vault, at 10 ft. 6 ins. and A. Davis in the 1¼ mile Steeplechase, with 6 mins. 33.2 sec. Another outstanding performance was by R. B. Huddy, second in the 880 yards to A. Gordon of St. Thomas's, both beating the existing record of 1 min. 57.6 sec. by A. S. Wint in 1948; Huddy's time was 1 min. 57.4 sec. J. M. Robertson was second in 120 yd. hurdles in 16.4 sec., A. J. Parratt second in the Steeplechase in 6 min. 37.6 sec., and D. H. Gibb second in the Long Jump with a jump of 22 ft. ½ in., 1½ ins behind the winner. Guy's won the 4 x 110 yard relay in 44.3 sec., an excellent display of running and baton-changing. A scratch tug-of-war team were defeated by the very highly-trained St. Thomas's team, but took second place after three herculean pulls against Middlesex.

In a new event, The Consultants' Quarter-mile Walk, Guy's were represented by Mr. J. S. Tomkinson and Mr. N. L. Eckhoff; the former was unfortunate to be beaten at the post.

Results

100 *yards:* 1st C. E. Evans 10.3 sec., 4th R. Juniper.
220 *yards:* 2nd C. E. Evans 23.5 sec.
440 *yards:* 6th C. Korvin.
880 *yards:* 2nd R. B. Huddy 1 min. 57.4 sec. 5th C. Korvin.
One mile: 3rd A. J. Parratt 4 mins. 31.2 sec. 5th R. B. Huddy.
Three miles: 3rd A. J. Parratt. 5th A. Davis.

1¼ *mile Steeplechase:* 1st A. Davis 6 min. 33.2 sec. 2nd A. J. Parratt.
120 *yards hurdles:* 2nd J. M. Robertson 16.4 sec. 5th R. G. Notley.
440 *yards hurdles:* 1st J. M. Robertson 58.2 sec. 2nd R. G. Notley.
Javelin: 3rd G. M. Edwards 169 ft.
Hammer: 1st G. M. Edwards 116 ft. 8 ins. 4th J. M. Robertson.
Pole vault: 1st G. M. Edwards 10 ft. 6 ins. 4th K. Robertson.
High jump: 3rd D. E. Williams 5 ft. 6 ins.
Long jump: 2nd D. H. Gibb 22 ft. ½ in. 3rd R. T. Hawley 21 ft. 5½ ins.
Hop, Step and Jump: 1st D. E. Williams 44 ft. 6th G. M. Edwards.
4x110 *Yards Relay:* 1st Guy's—Dexter, Gibb, Hawley and Evans, 44.3 sec.
Mile Medley Race: 3rd Guy's—Korvin, Evans, Juniper and Robertson, 3 min. 44.9 sec.
Tug-of-War: Guy's, Runners-up.
Maitland, Willé, Farmer, Williams, Preston, Lees, Russell and May.

The B.M.A. Cup for the best all-round performance was awarded to G. M. Edwards.

CRICKET

Past v. Present

At H.O.P. 21st June, 1958

Result—Past Won

A very enjoyable and exciting game was held with a strong and experienced "Past" side. The lack of spectators can be attributed to the uncertainty of the weather.

Guy's batted on a very wet wicket upon which the ball was liable to do many strange things. Pagliero scored quickly but a ball lifted sharply and he was caught in the slips. Elsdon-Dew suffered a similar fate after an exhibition of powerful driving on the off side. Norman played an intelligent innings for Guy's and his concentration earned him thirty-five runs on a tricky wicket. Green batted steadily and hit a magnificent six to square leg. He was assisted by Leigh-Brown who carried his bat till the innings closed for 106 runs.

The Past went in to bat at five past three with ample time to score the runs. I. A. N. Munro batted very well indeed and was assisted by the dogged innings of M. Tuddenham. No bowler seemed to trouble them until they were both out shortly before tea. With the score at 88 for 3, the Past had an enjoyable tea. After tea, however, Banks bowled extremely well and claimed some very good wickets. So well was the bowling, that the fifth wicket fell at 98 and the ninth wicket at 104. A. E. Trist kept his end secure during this rout for 8 dogged runs but he too succumbed to Banks when he was ninth out.

Three runs to get, one wicket to fall. N. J. Barwell hit two impudent runs to square leg. The scores were equal. He then hooked Banks for four runs to long leg and the Past had won by one wicket.

This annual match always provides entertainment for both players and spectators. We hope that next year the weather will be kinder and that we have a bigger crowd.

Present

K. Pagliero, c. Atkinson, b. Trist	17
R. Juniper, l.b.w. Atkinson	0
R. Elsdon-Dew, c. Lam, b. Trist	15
R. Norman, st. Lam, b. Butterfield	35
G. Bury, run out	1
T. Clark, c. Sub., b. Trist	0
C. Green, st. Lam. b. Butterfield	13
A. Leigh-Brown, not out	11
J. Lane, c. Lam, b. Atkinson	11
M. Woodman, l.b.w. Atkinson	1
P. Banks, c. Glover, b. Trist	1
Extras	1
Total for 10 wickets	106

Bowling	O.	M.	R.	W.
D. Atkinson	10	2	40	3
A. E. Trist	12.3	2	34	4
J. Butterfield	5	0	24	2
J. D. Williams	2	0	7	0

Past

J. D. Williams, run out	3
I. A. N. Munro, c. Elsdon-Dew, b. Banks	59
H. M. Tuddenham, b. Banks	19
G. Barwell, b. Banks	1
A. E. Trist, b. Banks	8
D. Atkinson c. Juniper b. Leigh-Brown	8
S. Lam c. Lane b. Leigh-Brown	3
J. Butterfield, b. Banks	1
F. N. Glover, b. Banks	0
R. T. Hawley, not out	0
N. J. Barwell, not out	6
Extras	2
Total for 9 wickets	110

Bowling	O.	M.	R.	W.
Leigh-Brown	10	1	20	2
Elsdon-Dew	5	0	16	0
Banks	13.3	3	39	6
Clark	4	1	10	0
Woodman	4	0	23	0

Guy's v. Nomads

At H.O.P. 15th June, 1958

Result—Rrawn

Guy's

K. Pagliero, c. Harrison, b. Alston	45
R. Juniper, b. Moore	68
J. A. Dyde, not out	65
P. Sievers, G. Bury, J. Eustace, R. Norman, P. Banks, A. Leigh-Brown, T. Clark, B. Batten, did not bat.	
Extras	10
Total for 2 wickets, declared	188

Nomads for 9 wickets	88

Bowling	O.	M.	R.	W.
Dyde	13	1	28	2
Leigh-Brown	13	5	21	3
Banks	9	3	5	2
Clark	7	3	19	2
Bury	2	0	4	0
Eustace	1	0	5	0

Guy's v. R.N.V.R.

22nd June, 1958

Match Abandoned—Rain

Guy's v. Hampton Wick Royal C.C.

Away 23rd June, 1958

Result—Lost

Guy's

K. M. Pagliero, c. Lofting, b. Lewis	5
J. D. Eustace, b. Lewis	20
R. Norman, b. Lewis	2
P. Sievers, b. Lewis	10
G. Bury, b. Lewis	2
T. Clark, c. Nelson, b. Edwards	1
A. McHardy-Young, c. Bradley, b. Johnson	6
A. Leigh-Brown, not out	17
M. Woodman, b. Johnson	0
M. Lightfoot, c. Lofting, b. Johnson	5
P. Banks, b. Edwards	1
Extras	8
Total for 10 wickets	77

Hampton Wick for 3 wickets	79

Bowling	O.	M.	R.	W.
Banks	12.2	5	31	2
Leigh-Brown	10	2	41	0
Pagliero	2	1	1	0

Guy's v. R.A.M.C.

28th June, 1958

Match Abandoned—Rain

LAWN TENNIS

Guy's v. University College

The Semi-Final of the London University Cup

At H.O.P. 4th June, 1958

Result—Won 5-4

The match began on a good note with Guy's winning two of the three matches of the first round. Sellman and Devereux found the U.C. first couple a little too strong and were defeated in straight sets, but the other two Guy's pairs, Dobie and Blake, and Smith and Mitchell, played very steadily against their opposing numbers, both pairs winning comfortably in straight sets. The U.C. 1st couple were too strong for any of the Guy's team to make much impression and they comfortably won their three matches. However, once again, the all-round strength of the Guy's team was too much for the more unbalanced U.C. side, and Guy's eventually won by 5-4. They now play the College of Estate Management in the final, which was held at Motspur Park on 28th June.

Details:—

D. Sellman (Capt.) and M. Devereux, lost to R. Faulkner and G. Veit, 4-6, 1-6; lost to E. Colt and E. Aston, 6-0, 3-6, 3-6; beat K. Pang and R. Weeks, 6-3, 6-1.

N. Dobie and M. Blake lost to R. Faulkner and G. Veit, 7-5, 1-6, 1-6; beat E. Colt and E. Aston, 6-1, 6-3; beat K. Pang and R. Weeks, 6-0 6-0.

E. K. M. Smith and M. Mitchell lost to R. Faulkner and G. Veit 1-6 6-4, 2-6; beat E. Colt and E. Aston, 6-2, 3-6, 6-2; beat K. Pang and R. Weeks, 6-1, 6-3.

Guy's v. King's College Hospital

The Semi-Final of the United Hospitals' Cup

At H.O.P. 11th June, 1958

Result—Won 5-2

The match began in a rather disjointed way, as one of the K.C.H. players was unable to play until 5.30 p.m., due to examination commitments, and consequently only two matches at a time could be played. The first rubber played was probably the most significent of the day, in which Sellman and Devereux beat the K.C.H. first couple, who had been unbeaten for two seasons. The rubber was an extremely close game, extending to three sets. All four players served well, and only three services, one in each set, were broken. Dobie and Blake, at 2nd couple for Guy's easily won their first rubber against their corresponding K.C.H. couple. They then played extremely well to defeat a rather dispirated Yates-Bell and Wilmot, the K.C.H. 1st couple. It was fortunate indeed that the Guy's first and second couples played so well, as Smith and Mitchell at third couple appeared to be out-of-touch, losing the two matches they played.

After tea, with Guy's leading 3-2, only two further matches were played as Guy's won them both, and therefore the match by 5-2. In the final Guy's are now to play U.C.H. The match is to be held at H.O.P. on Wednesday, 25th June, Should Guy's win, it will be the eighth win in succession, and the tenth in the last thirteen years.

Details:

D. Sellman (Capt.) and M. Devereux, Won 2, Lost 0.
N. Dobie and M. Blake, Won 3, Lost 0.
K. Smith and M. Mitchell, Won 0, Lost 2.

Other matches:

Guy's v. Lloyds Bank

At H.O.P. 8th June, 1958

Result—Won 7-2

D. Sellman and A. Black, Won 3, Lost 0.
N. Dobie and R. Rose, Won 2, Lost 1.
M. Mitchell and M. Rudge, Won 2, Lost 1.

Guy's v. Westminster Bank

At Norbury 15th June, 1958

Result—Won 6-3

M. Devereux and K. Smith, Won 2, Lost 1.
N. Dobie and A. Black, Won 3, Lost 0.
M. Leake and P. Jones, Won 1, Lost 2.

SUMMARY

So far this season the Guy's 1st VI has played 16 matches, of which 14 have been won, and two lost. The team has also reached the final round of both the London University and United Hospital Cups, and there are great hopes that the elusive 'double' will be achieved. The 'double' was last accomplished by Guy's in 1955 The Captain, D. C. Sellman, is to be congratulated on his successful leadership of the side.

GOLF

Guy's v. Westminster Hospital

4-ball match played at Gerrards Cross Golf Club, on Wednesday, 25th June.

1. P. Reynolds and K. Richards, all square.
2. T. Tetlow and B. Foster, won 6/5
3. P. Gudge and A. Bunnitt, won 3/2

Guy's won by 2 matches to 0.

Guy's Golf Society Open Meeting

Croham Hurst Golf Club

Wednesday, 11th June, 1958

Morning: 4-ball v. bogey (Stableford).
1st P. Gudge (5) and J. Smith (10), 47 points.
Scratch prize: D. Holmes and A Morris, 69.

Afternoon: 18 holes medal foursome.
1st P. Reynolds (10) and K. Richards (6), 69 net.

Scratch prize: P. Reynolds and K. Richards, 76.

FENCING

Inter-Hospitals' Epée Cup

The presentation of an Inter-Hospitals' Epée Cup by our Fencing Club aroused considerable interest which was no doubt reflected in the keen competition.

Having fought our way to the finals we met a formidable team from St. Thomas's on the 23rd June. The hectic battle that ensued was only decided in the last fight which we were unfortunate to lose.

St. Thomas's Hospital

E. Reynolds	3 Victories.
L. Martin	2 Victories.
G. Ashwood	No Victories.

Guy's

K. Wade	1 Victory.
G. Peachey	1 Victory.
H. Preiskel	2 Victories.

Result—Lost 4-5

Next year we have plans for several teams in each weapon and this applies to the ladies as well. So if you would like to fence please come to the Pavy Gymnasium at 5.0 p.m. on any Monday or Thursday.

SAILING

Inter-Hospitals Series

Burnham-on-Crouch Saturday, 14th June

1st: Guy's.
Helm: John Barker.
Crew: John Williams.
Martin Overington.

RIFLE CLUB

United Hospitals' Championships

On the 1st of June the Hospital competed in the Armitage Cup competition at Bisley, using the No. 4 rifles which were obtained this year.

The 'A' team won the Armitage Cup and the 'B' team won the 'B' team competition. Runners-up were St. Thomas's.

K. A. Robertson won the 500 yard individual event with a score of 34 ex 35.

Team scores were:—

'A' Team:

K. M. Pilcher	98
K. A. Robertson	98
B. J. Heath	94
A. W. Harris	93
Total	383

'B' Team:

G. B. Keeble	94
H. K. Kemp	92
J. F. Steele-Perkins	90
T. H. Redpath	89
Total	359

HOSPITAL INFORMATION

APPOINTMENT VACANT

GUY'S HOSPITAL, S.E.1

It is proposed to appoint a Research Fellow to investigate the incidence of staphylococci in relation to the frequency of cross-infection in hospitals. Applicants should be medically qualified and of Registrar or possibly Senior Registrar status. They should have an interest in laboratory methods and preferably considerable bacteriological experience. The appointment would be for one year in the first instance, commencing on or before 1st October, 1958. Applications should be made by **19th July, 1958,** on a form obtainable from the Dean, Guy's Hospital Medical School, S.E.1.

APPOINTMENTS VACANT

HOUSE APPOINTMENTS

1st September, 1958

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1958.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*) / (1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*) / (1 *Pre- or Post-Registration*) 2

Resident Obstetrician 2
(1 *Pre-Registration*)
(1 *Pre- or Post Registration to commence on* 1.11.58).

Throat and Ear and Ophthalmic House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).

Neurological House Physician
Post-Registration 1

Children's House Physician 1
(*Pre-Registration*)
(For 2nd six months candidates only)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

Resident Anaesthetists 2
(1 *Post-Registration*)
(1 *Post-Registration*) S.H.O.

House Physicians in the York Clinic
Post-Registration 2
(To commence on 1.10.58) S.H.O.

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

PEMBURY HOSPITAL
House Surgeon (*Pre-Registration*) .. 1
Orthopaedic House Surgeon (*Pre-Registration*) 1

SOUTHERN HOSPITAL, DARTFORD
House Physicians (*Pre-Registration*) .. 2

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

ORPINGTON HOSPITAL
House Surgeon (General Surgical). (*Pre-Registration*) 1
Orthopaedic and E.N.T. House Surgeon. (*Pre-Registration*) 1

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM
House Surgeon (*Pre-Registration*) .. 1

NEW CROSS HOSPITAL
House Physician (*Post-Registration*) (S.H.O.) 1
House Surgeon (General Duties). *Pre-Registration*) 1

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) .. 1
House Physician (*Pre-Registration*). both to commence 15.9.59—Locum basis 1.9.58-14.9.58 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Tuesday, 15th July, 1958.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appoint-

ments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

BIRTHDAY HONOURS

C.B.E. (Civil Division)

Charles Skinner Hallpike, M.B., B.S., F.R.C.P., F.R.C.S., F.R.S.

Miss Barbara Nockolds, R.R.C., Q.H.N.S. (Matron-in-Chief, Queen Alexandra's Royal Naval Nursing Service).

O.B.E. (Civil Division)

Robert Merrick Lloyd Still, M.R.C.S., L.R.C.P.

APPOINTMENT

Dr. R. H. R. WHITE, Medical Registrar and Pathologist (Senior Registrar), The Hospital for Sick Children, Great Ormond Street, W.C.1.

NUFFIELD FOUNDATION AWARDS

Dental Fellowship

D. C. A. Picton, B.D.S., F.D.S., a fellowship for two years to study for the B.Sc. (Special) degree in Anatomy at Guy's Hospital.

GUY'S HOSPITAL MEDICAL SCHOOL

Golding Bird Medal and Scholarship

in

Obstetrics and Gynaecology

May, 1958

The following awards have been made:—

H. Dexter—Gold Medal and Scholarship
J. S. Cameron, W. F. Whimster } Certificates

Golding Bird Medal and Scholarship in Bacteriology

The following awards have been made:—

R. B. Huddy—Gold Medal and half Scholarship
R. Cook—Half Scholarship

UNIVERSITY OF CAMBRIDGE

Qualifying Examination in Anatomy and Physiology for Medical and Surgical Degrees

Easter Term, 1958

P. S. E. G. Harland — W. M. P. Patterson
R. C. Lallemand

Final M. B. Examination
Easter Term, 1958

Part I.—*Pathology and Pharmacology*

*F. T. Brough	*R. J. Read
I. G. Christie	*A. B. Richards
A. Kenyon	*A. J. Taylor
K. I. Mackenzie	S. O. Wamuo
C. McL. Maddox	

*Have qualified M.B., B.Ch.

PASS LIST

Part II.—Final M.B. Examination

Easter Term, 1958

Principles and Practice of Physics

*M. H. Brooke	L. Kwasny
*E. P. Brooks	I. S. Muir
*F. T. Brough	J. N. Powell
*W. D. Callum	*R. J. Read
I. G. Christie	*A. B. Richards
*P. W. Clements	*D. J. Richards
M. Colebrook	G. A. Robson
*G. M. Davies	*R. W. Sherwin
*R. C. L. Feneley	*A. J. Taylor
I. N. L. Johnston	*W. E. Whimster

Principles and Practice of Surgery

*M. H. Brooke	L. Kwasny
*E. P. Brooks	I. S. Muir
*F. T. Brough	*R. J. Read
*W. D. Callum	*A. B. Richards
*P. W. Clements	*D. J. Richards
M. Colebrook	*R. W. Sherwin
*G. M. Davies	*A. J. Taylor
*R. C. L. Feneley	*W. F. Whimster
*N. A. Harker	

Midwifery and Gynaecology

*M. H. Brooke	C. McL. Maddox
*E. P. Brooks	J. N. Powell
*F. T. Brough	*R. J. Read
*W. D. Callum	*A. B. Richards
I. J. Christie	*D. J. Richards
*P. W. Clements	*R. W. Sherwin
*G. M. Davies	*A. J. Taylor
*R. C. L. Feneley	*W. F. Whimster
I. N. L. Johnston	

*Have qualified M.B., B.Ch.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination
June, 1958

Part I.—*Surgery*

C. C. Berwick	M. Mahendra
M. J. Dredge	B. S. Perera
J. R. Harries	A. P. Reynolds
Jill Joslin	D. S. Roberts
J. A. Kelvin-Davies	

Part.II.—*Dental Surgery*

Wendy J. Bray	J. O'Donnell
E. N. Daver	A. R. Palliser
C. E. Evans	B. S. Perera
J. N. Gray	J. K. Wade
G. W. Hackett	C. H. Wege
P. H. L. Jones	

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
June, 1958

Medicine
R. G. Hornung

NURSING STAFF

The following changes have taken place amongst the Nursing Staff.

Entered:
S/N H. Finch, to *Nuffield B.*
S/N M. Allen, to *School of Nursing.*
S/N D. Colbourne, to *Caleb.*

Left:
Sister S. Bendall.
S/N L. Van Beck.
S/N J. Seabrook.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bearn, A. G. and another. Observations on the Heterogeneity of Malic and Lactic Dehydrogenase in Human Serum and Red Blood Cells. *J. clin. Invest.*, 1958, **37**, 672.

Boucher, C. A. Discussion on the Prevention of Accidents in Childhood. *Proc. R. Soc. Med.*, 1958, **51**, 395.

Brookes, Murray. The Vascularization of Long Bones in the Human Foetus. *J. Anat. Lond.*, 1958, **92**, 261.

Clarke, Ruscoe. Modern Trends in First Aid. *Med. Pr.*, 1958, **239**, 591.

Coghlan, M. K. and Joseph, M. C. The Disappearance of Foetal Haemoglobin in Congenital Cyanotic Heart Disease. *Arch. Dis. Childh.*, 1958, **33**, 191.

Epstein, S. S. A Stripping Technique for the Examination of the Total Epithelial Surface of the Larynx. *J. Path. Bact.*, 1958, **75**, 472.

Fleming, H. A., Hancock, E. W., Milstein, B. B. and Ross, D. N. Percutaneous Left Ventricular Puncture with Catherization of the Aorta. *Thorax*, 1958, **13**, 97.

Gardiner, P. A. Dietary Treatment of Myopia in Children. *Lancet*, 1958, i, 1152.

Herbert, W. E. A Case of Myelomatosis Presenting as a Mandibular Swelling. *Brit. dent. J.*, 1958, **104**, 451.

Hunt, J. N. The Rate of Gastric Emptying in Patients with Duodenal Ulcer. *Proc. R. Soc. Med.*, 1958, **51**, 461.

Joseph, M. C. Experimental Investigation of the Relationship between Method of Treatment and Subsequent Immunity. *Brit. med. J.*, 1958, i, 1444.

Lester, Higham. Protection of Wax Inlay Matrices. *Brit. dent. J.* 1958 **104**, 454.

Murray, F. A. Lupus Erythematosus in Pregnancy. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 401.

Parker, R. A. and another. Giant-Cell Granulomatous Thickening of the Gastric Pylorus of Probable Sarcoid Origin. *Brit. J. Surg.*, 1958, **45**, 659.

Parry, T. G. Wynne. New Design in Anterior Chamber Lenses. *Brit. J. Ophthal.*, 1958, **42**, 376.

Penikett, E. J. K. and Lister, A. J. Estimation of Hydrogen Peroxide in Culture Media. *Nature*, 1958, **181**, 1682.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Wanted

DENTAL ASSISTANT. Vacancy will arise in October for Assistant in 3-surgeon practice. Flat available with refrigerator, cooker, large garden. Own chairside assistant and treatment as a partner including own name plate. Wallington, Surrey. Salary 45 per cent. Box No. 148.

DENTAL ASSISTANT. Guy's man needed in a modern dental practice, SOUTHEND-ON-SEA. Good working conditions with units. X-ray, superspeed handpieces, own nurse, secretary available. Good terms, clinical freedom. Accommodation available. Box No. 149.

STIRLING MOBILE operating stool, second hand about 1950. Spring loaded, telescopic stem, with backrest. State price and condition. Box No. 150.

For Sale

OLD GUY'S PRACTICE for disposal (retirement). Mansfield. Crossing £7,000 p.a Details to enquirer. Box No. 146.

HALF-SET BONES: £10. Bausch & Lomb microscope with oil immersion lens. £33. Box No. 147.

Apply The Manager, *Gazette* Office, 16, St Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

CHANGES OF ADDRESS

G. C. W. Baker, M.B., B.S., 67, Clyde Road, West Didsbury, Manchester, 20.

C. V. Bullen, M.B., B.S., Venbridge House, Cheriton Bishop, Nr. Exeter, Devon. (Tel. Cheriton Bishop 272).

A. R. Grice, B.D.S., and Patricia Grice, M.B., B.S., 361, Padiham Road, Burnley, Lancs. (Tel. Burnley 5323).

James H. Kerr, M.B., B.Chir., The Sunnybrook Hospital, Toronto 12, Ontario, Canada.

E. M. Newton, M.R.C.S., L.R.C.P., "Ivy Bower", London Road, Greenhithe, Kent. (Tel. Greenhithe 2024).

S. C. Paget, M.B., B.S., D.R.C.O.G., Barty House, Martin Road, Faversham, Kent.

BIRTHS

ADAMSON.—On 17th June, 1958, at Sussex Maternity Hospital, Brighton, to Lesly, wife of David P. Adamson, M.B.E., M.B., B.S., a son (Nicholas Scott), a brother for Ian.

ANTHONY-DAVIES.—On 22nd June, 1958, at the West Kent General Hospital, Maidstone, to Deirdre (née Cowan, S.R.N.), wife of John Anthony-Davies, M.B., B.S., a son (Richard), a brother for Elizabeth.

BENSON.—On 16th June, 1958, at Queen Charlotte's Hospital, to Margaret (née Bluff, S.R.N.), wife of Peter Benson, M.B., B.S., a daughter stillborn.

BUTTERY.—On 8th May, 1958, to Rosemary (née Macgowan), wife of C. M. G. Buttery, M.B., B.S., a son.

CHILD.—On 20th June, 1958, at Nuffield House, to Jane and the Revd. Kenneth Child, a son.

DIXON.—On 17th June, 1958, at Queen Charlotte's Hospital, to Janet (née Smith) wife of David Dixon, a daughter (Elizabeth Janet).

EARLAM.—On 20th June 1958 at Takaradi, Nigeria, to Amanda (née Hornsby), wife of Peter Earlam, a son (Nicholas).

GRICE.—On 21st June, 1958, at Queen Charlotte's Hospital, to Patricia (née Forsythe), M.B., B.S.), wife of Alan Grice, B.D.S., a daughter (Diana Margaret).

RENDELL-BAKER.—On 5th June, 1958, at Cleveland, Ohio, U.S.A., to Rosemary, wife of Leslie Rendell-Baker, M.B., B.S., F.F.A. R.C.S., a daughter.

THEOBALD.—On 10th March, 1958, to Margaret (née Fuest, M.B., B.S.), wife of John Theobald, M.B., B.S., a son (Nicholas John Anthony).

WILKES.—On 1st June, 1958, to Patricia (née James, S.R.N.), wife of Denis O. Wilkes, B.D.S., L.D.S.R.C.S., a daughter (Deborah Jane), a sister for Nicholas.

Eds. { J.A.W. / T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1826 19*th July* 1958 *One Shilling*

PASSIM

IT is with profound regret that we say Good-bye to Mr. Doherty. The departure of any man in his position is always attended by a series of eulogies written by his colleagues, for they are in a position to do so. Very rarely is it possible for someone only briefly acquainted with such a man to write with honest feeling of his leaving; the very fact that one can do so is a measure of the unconscious influence he has had over the every-day life of the Hospital. His greatest quality is one of warm humanity, and it is for this that he will be remembered; it is a memorial that any man could be proud of and that most men would give their right arm to earn.

The last two weeks have been punctuated by an almost unending series of official and semi-official parties given for him and his wife: all of which they must have faced with a certain amount of dread. The guests at these functions, attending what they must have imagined to be rather a solemn occasion, have all emerged in a very different state of mind. Instead of finding, as they could reasonably have expected to do, the conversation a more or less sad catalogue of regrets, they found the guest of honour and his wife with an almost child-like anticipation of the future which was wholly delightful. The topics centred entirely round the possibilities of world travel and the convenience of living in a rural area, yet close enough to London to be near one's friends. We were always taught in childhood that the next pasture was never so green as it appeared, but the ability to make it even greener comes only with a deep and happy life of experience.

We all hope that handing over the reins will not mean that we will not see Mr. and Mrs. Doherty again and that they will continue to appear on every possible occasion. We are sure our readers will want us to wish them, on their behalf, every happiness and Mr. Blaikley good wishes in his new post.

An innovation which should be of great significance from the teaching point of view is the introduction, in the near future, of "Reduction Clinics" three times a week, at 1.30 p.m. in Back Surgery. Casualty Officers will continue to reduce the fractures which are referred to these clinics instead of being reduced when the patients present at Front Surgery, but the orthopaedic dresser, who at present may well complete the firm without ever seeing a fracture reduced, will have a much more practical and extensive training in this important aspect of casualty work.

Professor Alfred Jost, of the University of Paris, delivered the Twelfth Addison Lecture to a distinguished and appreciative audience on July 14th, when he lectured on "The Biological Basis of Some Recent Concepts of Sex". We hope to publish his lecture in a future issue of the *Gazette*.

July is the season of conferences and congresses; in addition to the widely publicized conference of the B.M.A., the Royal Festival Hall has been the scene of the International Cancer Congress, which has drawn a most distinguished gathering from all over the world. Mr. Hedley Atkins showed several of the delegates round Guy's one day last week.

The now perennial cricket match between the "Mann-Maclean" firm and the "Boland-Baker-Houston" firm was played with just the right amount of levity and sobriety on Friday, 11th July. The afternoon was blessed with glorious sunshine, and the teams took the field with justifiable self-assurance. The occasion was a good opportunity to welcome our annual trans-atlantic visitors who hardly needed to be shown even the rudiments of the game before they pitched in with a moderate amount of natural ability and an enormous amount of zest. Each run was accompanied, at first, by the bat being jettisoned and a wild un-armed dash being made towards the other end of the pitch. The rules of the game dictated that every member of the team, good or bad (and a few, notably the assistant Editor, were very bad) bowled at least two overs, and there was a good deal of mild hilarity while these formalities were in progress and before the real cricketers took over. Styles varied between a lady-like underarm and a splendid, exceedingly dangerous "Big League" pitch. The teams were captained by Dr. Maclean and Dr. Lessof and the day, despite some slightly haphazard umpiring, went, quite justifiably, to Dr. Maclean's side. He claims that his firm have never been beaten. One is tempted to quote Mr. George Walker:

" Papa joue au Cricket. C'est une grande allumette. Il laisse tomber deux attrappes, et manque trois balles dans le profond, qui vont a la borne pour quatre. Beurre-doigts ! " Etc.

The Guy's Lawn Tennis Club have retained the Inter-Hospitals Championships for the eighth consecutive year, and we congratulate them most warmly. They have thus, for only the second time in their history, achieved the fine feat of the "double", having already won the University of London Championships, as we reported in our last issue.

Latest in a gratifying series of successes by Guy's sportsmen is the achievement of the Rifle Club, who last week won the United Hospitals Challenge Cup at Bisley. Our heartiest congratulations to them, not only on winning, but on the remarkable performance of providing the third team as well, in a competition open to all the Metropolitan teaching hospitals.

We will appeal once again, more for the record than in the hope of success, for the little side gate by the memorial arch to be left open until later at night so that students on take-in and poor harassed housemen hurrying to the wards don't always have to dive down into the dank and smelly underground. Surely the menace from wandering vagrants can't still be so great as to make this necessary.

The Court of the University of London invites students, and any others interested in the provision of residential accommodation for students, to inspect and comment on three full-scale model study-bedrooms for men, at 41, Tavistock Square, where a hall of residence is to be established. Inspection is invited between 10 a.m. and 5 p.m. on Mondays to Fridays inclusive, between now and August 1st. The swimming bath at the University Union is worth a visit, when the sweltering student finds that the Nurses' Home bath is not available. 100 feet long, warm, clean and clear, admission costs 1*s*., and while a Union card must be shown, two guests may be admitted with each member. The bath will be closed only during the second half of August, and on Sundays during the vacation.

"*O transport of delight!*"—(*untraced.*)

As the temperature chased the relative humidity through the eighties last week, we appreciated that, to make up for the disadvantages of being penned in the neighbourhood of Guy's in summer, the residents, nurses, take-in firms and others who live on the spot, have a great deal to be thankful for. While purple patients, melting medicals, and dripping dentists debouch on to the London Bridge platforms, or pack into the tubes and buses again in the evening, the men of the hostels stroll coolly through the Park, while striding housemen, swarming nurses and scurrying ward-clerks, though each a little warmer than the unbusy hosteller, can congratulate themselves on avoiding mass conveyances twice daily. The night nurses have the worst of both worlds, and deserve our sympathy.

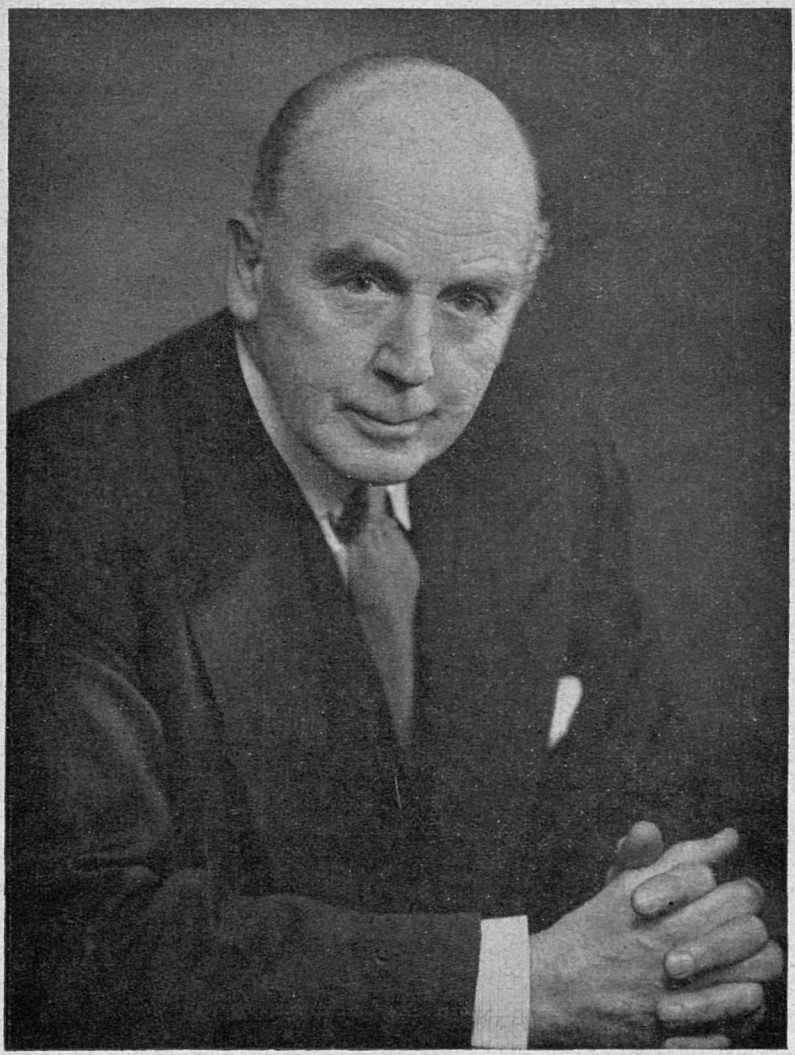
Mr. Goodliffe tells us that the result of the Sports Day Balloon race has now been declared. It was won by Miss Knight, of the Superintendent's Office, whose balloon travelled to Wells-next-the-Sea, in Norfolk, a distance of 150 miles by road, but we imagine a far greater distance as the balloon flies.

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Incisions.*
21st	M	1.00	Dr. R. D. Hoare. Clinical Lecture. *Cerebral Vascular Disorders.*
24th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Some Common Abdominal Injuries in Childhood.*
25th	F	1.00	Dr. R. Kauntze. Clinical Lecture.
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
28th	M	1.00	Mr. L. F. W. Salmon. Clinical Lecture.

WILLIAM DAVID DOHERTY, M.A., M.Ch., F.R.C.S.

AN APPRECIATION



THE retirement of Mr. W. D. Doherty from the active staff of the Hospital and from the post of Superintendent will be indeed a break with the past, not only for the present generation of Guy's men but for very many others widely scattered throughout the world who have had close personal association with him in one or more of his many capacities.

Why and when he came to be known as George remains a mystery, but though "Willy" to his family and "Doggy" to his friends at Cambridge, to Guy's men he has always been known as "George". When he entered in 1918 as a student in the Clinical Period, his repu-

tation as a Rugger forward was already well established. In 1913 he played for Cambridge in a team which included two of his friends from Dulwich, C. N. Lowe and J. E. Greenwood, while Eric Loudoun Shand, another old Alleynian, was in the Oxford three-quarter line. After the war the three captains of the International teams were all old Alleynians, Greenwood captaining England, Loudoun Shand Scotland and George Doherty Ireland.

George was captain of Guy's for three years, a time when the Guy's fifteen was almost invincible. There were many famous players among them, Piet Albertyn, "Goldflake" Van Schalwijk, Frans Bekker, Graham Davies and many other first class players too numerous to mention. The team included South Africans, English, Irish and Welshmen but the outstanding success of the side was largely due to the leadership and personality of their captain.

George Doherty was, however, much more than a fine rugger player. In the face of severe competition he became house surgeon to Sir Alfred Fripp and afterwards worked in the Anatomy Department as a demonstrator; and in 1923 became surgical registrar. During his many years on the junior staff he was the guide, philosopher and friend of innumerable students, house officers and colleagues. Guy's men and, indeed, many others will remenber the delightful atmosphere of 6, St. Thomas's Street, where George and his charming wife Margaret dispensed hospitality.

For many years it had been clear that George would be a member of the surgical staff at Guy's but his promotion to Assistant Surgeon was delayed until 1931 owing to absence of a vacancy. After his appointment he moved to 10, Upper Wimpole Street. Although he had a large surgical practice he found time for many other interests including the Presidency of the Guy's Rugby Football Club. About this time he became a close friend of Lord Nuffield and used to play play golf at Huntercombe, so well known to many Guy's men.

Apart from his work as a surgeon George was meticulous in taking his full share and more in the committee work of the Hospital and School. Even when relatively junior on the staff his good judgment, balance and shrewdness were recognized by all and his opinions carried great weight. For many years he was Secretary to the Medical Committee and later Sub-Dean.

In 1936 , on the retirement of Mr. A. R. Thompson, George was appointed Surgeon to the Genito-Urinary Department and for many years has been one of the half dozen best known surgeons in this speciality in London. During the war he mainly worked in Orpington Hospital, though he continued to live in London. During the "blitz" and, indeed, throughout the war he slept in Nuffield House one or more nights a week, taking a full share of the emergency surgical work at Guy's.

Shortly after the end of the war he became Deputy Superintendent and was deeply involved in the reconstitution of the Hospital. The Surgical wards in Guy's House had to be re-opened and the medical wards needed long deferred redecoration and the provision of more adequate sanitary annexes and other amenities. Departments such as radiotherapy, radiology and physical medicine all needed expansion and reconstruction. All of this threw an enormous burden on the

Superintendent and his Deputy and involved many meetings and careful planning. In 1948 Doherty succeeded Professor T. B. Johnston as Superintendent, and occupied the new Superintendent's House next to the Chapel, the original house having been destroyed by enemy action in 1941.

Few of those at Guy's today have any knowledge of the dire financial straits in the pre-war years. From week to week there was doubt as to whether sufficient funds would be available to pay the wages and at times the Hospital owed not far short of £100,000 to those traders who supplied it with food and other necessities.

Post-war the Ministry of Health stepped into the breach but although the financial situation was eased administrative burdens of no mean order involved the most intensive work both for the Superintendent and Mr. Lees Read, as Clerk to the Governors. On top of all this there were the problems concerning the terms of service in the National Health Service and establishments of registrars, house officers and others, much of which, at any rate in the first instance, devolved on the Superintendent.

During his tenure of office as Superintendent the rebuilding of Guy's House has been a difficult and thorny problem, which has thrown an enormous amount of work both on the Governors and Staff and particularly on the Clerk to the Governors and the Superintendent. It is certainly gratifying for George on his retirement to see the long awaited new building rise above ground level.

Few will ever know how great a debt Guy's owes to George Doherty for the skill with which he has guided the Hospital through the formative years of the National Health Service. How often have many of us gone to him with bitterness in our hearts at some new regulation, perhaps imposed from above. After a talk with George we have left his office relatively pacified and perhaps better able to see more than one point of view.

Throughout his career at Guy's and particularly during the last ten years one of the most striking features about George Doherty has been his close and friendly personal relations with not only the Governors and Staff but with junior staff, house officers and students. The number of registrars, house officers and sisters who have enjoyed the Christmas parties given by George and Margaret in the Super's House must run into thousands rather than hundreds and their hospitality to his colleagues and to the Governors and, indeed, all those connected with Guy's will be among our most pleasant memories of our hospital life.

Guy's men and women will wish George and Margaret good health, long life and happiness. Those remaining at Guy's hope that both will often be seen at the Hospital and their numerous friends overseas will look forward to a visit from them. J.J.C.

Sixty Years Ago

From Guy's Hospital Gazette, 16th July, 1898.

We are getting rather tired of the antics of the examining board of the College of Surgeons. Their latest freak is to plough a man in Midwifery who has got First Class honours in the M.B. London. Some of these old gentlemen on the embankment are evidently humorists of the first water.

A Case of Nutritional High Colour-Index Anæmia, Occurring in Britain

By OSWALD MORTON, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.
Medical Registrar, St. Albans City Hospital

Nutritional macrocytic anaemia is probably rare in Britain, although quite common in countries where malnutrition is widespread. However, occasional cases do occur in countries with a high standard of living, usually in patients who, for some reason, deprive themselves of an adequate diet. Such a case is now described:

Mrs. J. T., aged 34 years, was admitted to St. Albans City Hospital in June, 1957. She was complaining of increasing weakness and breathlessness for several months.

The patient is married with two children, aged fourteen and six years. There are no relevant previous diseases.

For many years Mrs. J. T. had suffered from piles. She noticed that if she ate solid foods the piles would prolapse, but if she kept to liquids, they would not. Therefore, about 1952 she stopped eating meat and green vegetables, and for the thirteen months before admission had not eaten any solid food, but had lived entirely on milk drinks and sherry.

In the four or five months before admission she had become extremely lethargic, and grossly dyspnoeic on the slightest exertion. Her menses remained regular but scanty.

She persistently refused to see a doctor, but one was called in by relatives against her wishes and she was admitted to hospital.

On admission, the patient was obviously grossly anaemic, was mentally confused and severely dyspnoeic at rest. She was not obviously wasted and there was only slight pitting oedema of the ankles and none of the sacrum. There was no jaundice.

Her temperature was 100°F, pulse 120/min, regular but weak, and B.P. 85/45. The apex beat was not visible nor palpable, the heart sounds were faint, and there was a soft, apical, systolic murmur. There was moderate neck vein engorgement, and the liver was enlarged two inches below the costal margin, but was not tender. The spleen was not palpable and the abdomen was normal. The respiratory rate was 28 per minute, but apart from some scattered râles at the bases, cleared by coughing, the lungs were normal. The tongue was normal. Both optic fundi showed several small haemorrhages, but apart from the mental confusion, the C.N.S. was otherwise normal. The skin showed no bruises nor petechiae.

Special Investigations.

Blood Hgb. 19% (2.8 G).
R.B.Cs. 630,000/cu.mm.
Colour Index 1.5.
Packed Cell Volume 9%.
Mean Cell Hæmoglobin Content 31%.

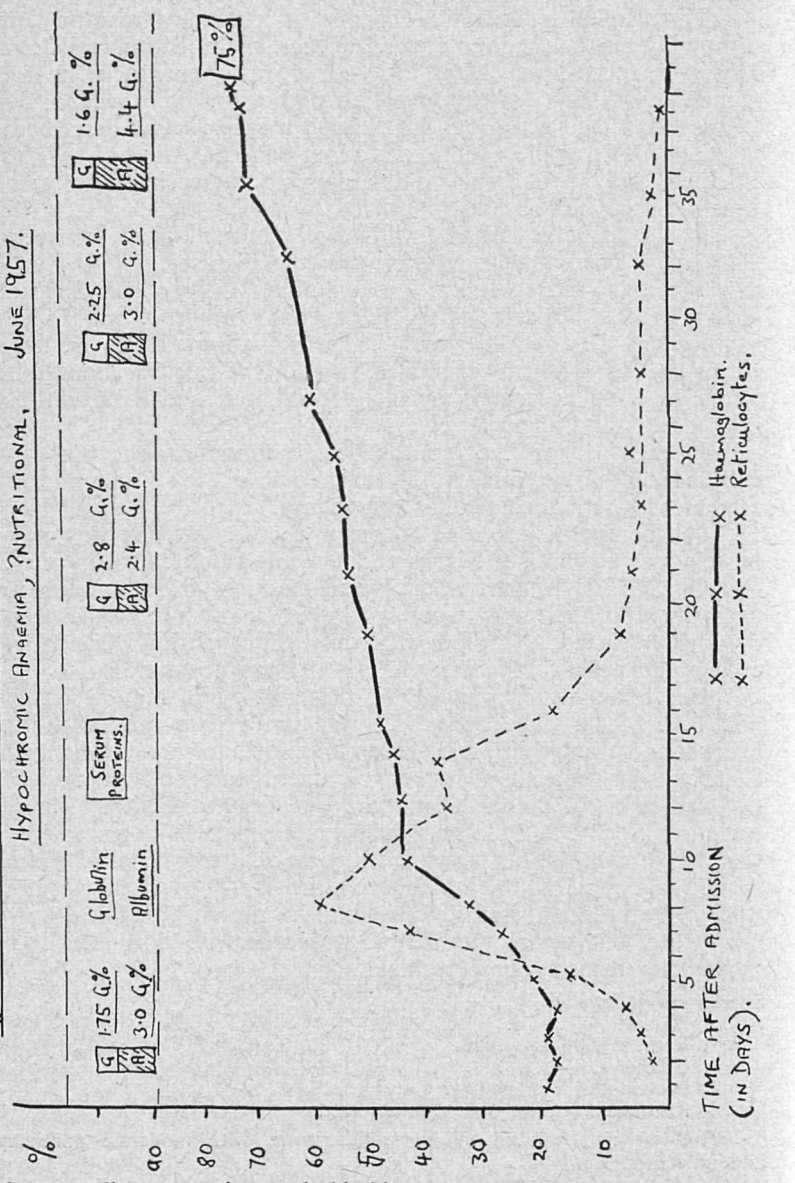
The red cells showed marked anisocytosis, with moderate poikilocytosis and polychromasia.

W.C.C. 6,600/cu.mm.

Polymorphs	73%.
Lymphocytes	19%.
Eosinophils	4%.
Monocytes	4%.

E.S.R. 25 mms in the first hour
Blood group B, rhesus negative.

Serum bilirubin	1.5 mg%.
Serum proteins	4.75 G%.
Albumin	3.0 G%.
Globulin	1.75 G%.
A/G Ratio	1.7 : 1.



Serum sodium, potassium and chlorides were normal.
Histamine Test Meal—all samples contained free acid.

A diagnosis of high colour index nutritional anæmia was made and treatment was started with Folic Acid, 20 mgs daily.

As the M.C.H.C. was low, iron, both orally and intramuscularly was given.

In addition, the patient received oral and parenteral vitamin supplements, but at no time was she given Vitamin B.12.

In view of the slight chest signs, penicillin was given.

On the second day of admission, the hæmoglobin had fallen to 17%, but by the next day, a reticulocyte response was seen (see figure) and the hæmoglobin was 19% and the reticulocytes 3%. In the next five days the reticulocyte count rose rapidly, to reach a peak, one week after starting treatment, of 60%. The hæmoglobin at this time was 38%, and from then on the reticulocyte count fell, but the hæmoglobin continued to rise, reaching 75% after five weeks treatment.

As the hæmoglobin rose so the mental state of the patient improved. At first, she had refused to eat and had to be tube fed, but within a week, was eating voluntarily.

When the hæmoglobin reached 35%, the mental state became completely normal and the patient developed a good appetite and began to sit out of bed. At this time, the ankle œdema, which on admission had been slight, became much worse and quickly spread up to her knees.

The serum proteins at this time totalled 5.2 G%, albumin 2.4 G%, Globulin 2.8G%, A/G ratio 0.85 : 1. Although it was considered that the œdema was due to a low serum albumin, 2 ccs of mersalyl were given resulting in a diuresis of 128 ounces.

As the serum albumin rose (the patient was on a high protein diet) so the œdema diminished, and as the hæmoglobin rose, the retinal hæmorrhages began to clear.

Her progress was uneventful. She was seen by a psychiatrist who found no mental obnormality.

Other investigations carried out were:

Stools	No abnormality in fat content, no ova, nor pathogens.
W.R. and Kahn:	Negative.
Blood urea:	15 mgs%.

On discharge, 5½ weeks after admission, her blood picture was as follows:

Hæmoglobin.	75%.
R.B.Cs.	3,300,000.
Colour Index.	1.13.
W.C.C. and differential normal.	
E.S.R. 7 mms in the first hour.	
Serum proteins	8.0 G%.
Albumin	5.0 G%.
Globulin	3.0 G%.
A/G ratio	1.6 : 1.

The patient was given Folic acid 10mgs b.d., Ferrous Gluconate gr. V t.d.s. and Caps. vitaminorum 2 t.d.s. to take as an out-patient.

Discussion.

In 1929, Wills and Mehta described a series of cases in India of macrocytic anæmia occurring during pregnancy. These cases rarely had achlorhydria and few had a raised serum bilirubin. It was found that all these patients were suffering from dietary deficiencies, at that time thought by Wills to be of Vitamins A & C.

In 1937, Green and Snapper described two cases of macrocytic anæmia occurring in women in Holland, associated with grossly deficient diets. In both cases there was no achlorhydria, but there was an increase of bile pigments in the blood and urine. One of these cases was treated with liver extract, and both were given full diets with rapid and permanent recovery.

In 1938, Fairley *et al.*, described cases of nutritional macrocytic anæmia occurring in the refugee population of Macedonia. The condition was cured by giving Marmite, or the crude liver extract, Campolin.

Townsend and Begor, in 1942, described the case of a man, who for 20 years had taken a diet deficient in milk and eggs, and developed an anæmia resembling pernicious anæmia, although there was no achlorhydria. He recovered after being given a full mixed diet.

In 1937, Wills *et al.*, cured nutritional macrocytic anæmia in rhesus monkeys with a fraction of crude liver extract not containing the factor known to cure pernicious anæmia. They showed also that purified liver extract, while very effective in curing pernicious anæmia, had no effect on the nutritional macrocytic anæmia of monkeys.

Green, Alsted and Townsend all considered that the cause of nutritional macrocytic anæmia was a deficiency of Castle's "extrinsic factor" but Wills' work had earlier thrown doubt on this.

Folic acid was first synthesised by Angier *et al.* in 1945, having originally been isolated from the green leaves of many plants, mushrooms, liver, kidney and yeast. It was found to be identical with what was then called Vitamin M, which was known to prevent the nutritional anæmia of monkeys.

Extensive clinical trials, reported by Spies (1948) and Wilkinson (1949) and others, have shown the efficacy of folic acid in macrocytic anæmias due to dietary deficiencies, including those occuring in sprue, steatorrhœa, cœliac disease, infestation with fish tapeworms and after gastrectomy. The efficacy of Marmite and crude liver extract is probably due to their high content of folic acid.

In the case now described, the history of dietary insufficiency associated with free acid in the stomach and with a normal fat content of the stool, which contained no pathogens, nor ova, strongly pointed to a nutritional macrocytic anæmia, and the response to treatment was as expected.

The worsening of the appetite as the anæmia developed, and the rapid increase in the appetite as the anæmia improved, was noted in the other cases mentioned, and the appearance of œdema as the hæmoglobin rose, disappearing as the plasma proteins reached a more normal level, has also been noted in other cases.

Bone marrow puncture was not undertaken as there was sufficient evidence to arrive at a diagnosis without subjecting the patient to a further investigation. At no time was blood administered.

Summary.

A case is described of a profound high colour index anæmia occurring in a woman of 34 years, living in Britain, who had starved herself for more than five years, living on milk and sherry only for the last seventeen months.

Free acid was present in the gastric juice; the stools had a normal fat content, and contained no parasites.

The anæmia responded dramatically to folic acid and iron, and Vitamin B.12 and blood were not administered.

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CORRESPONDENCE

Letter to the Editor of the Gazette

Borrowed Journals

From Professor G. A. D. Haslewood

SIR,—Would you be so kind as to allow us the courtesy of your space to ask whether the borrower of Volume 147 of the "Journal of Biological Chemistry (1942)" will return it as soon as possible to the library of this Department ?

The loss of bound copies of journals from academic libraries is a serious matter, and puts other readers to grave inconvenience.

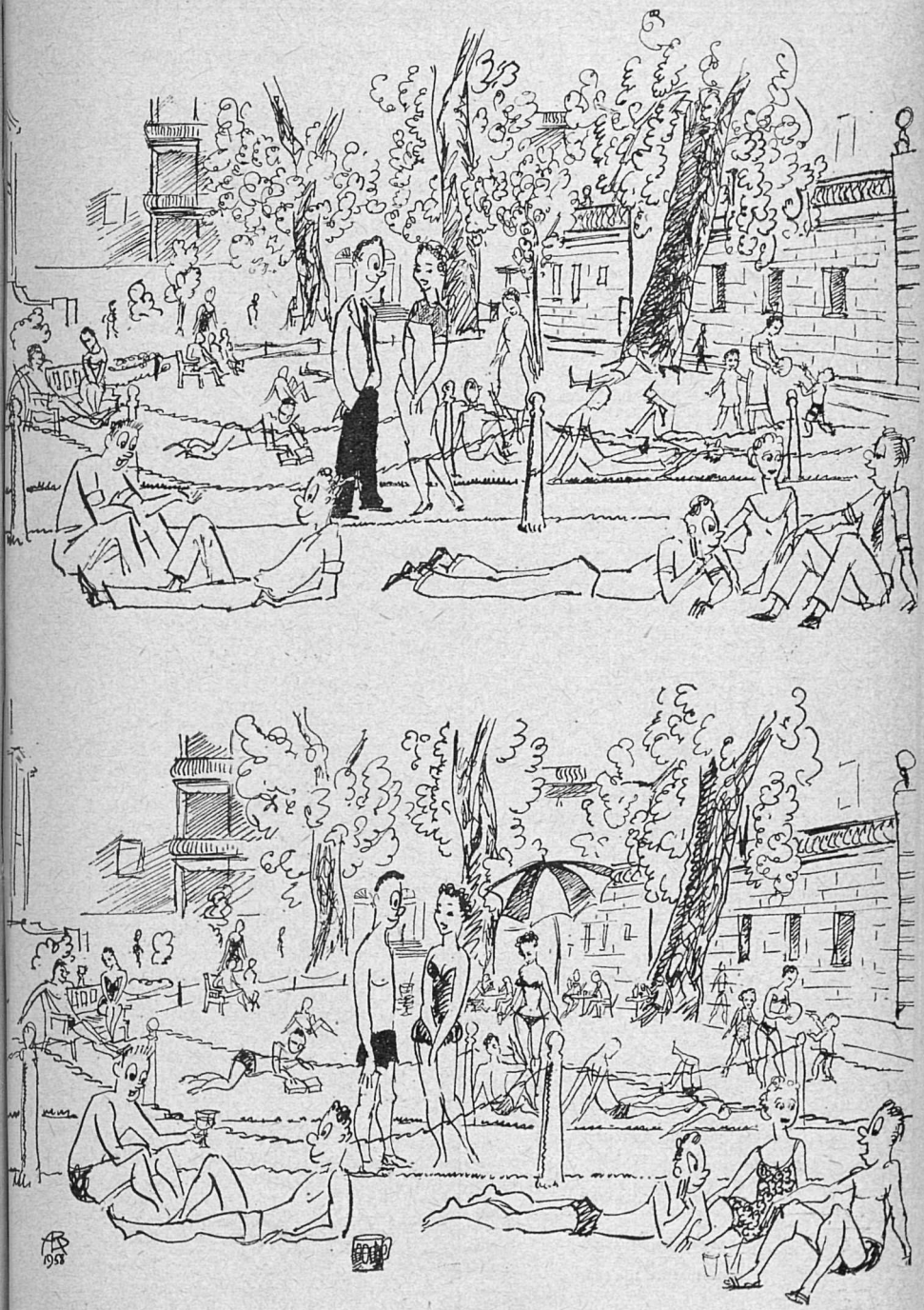
The present volume is particularly needed as it cannot be obtained in duplicate.

Yours etc.,

G. HASLEWOOD.

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

WE NOTE A TREND . . . .



GUY'S HOSPITAL CLUBS' UNION

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st JULY, 1957

1956		£	£
	GROUND EXPENSES		
£1,050	Wages of Groundsmen	1,180	
200	Rent of Ground at Honor Oak Park ..	200	
3	Hire of Other Pitches ..	5	
315	General Rates and Water Rate	369	
85	Gas and Electricity ..	86	
16	Telephone	14	
105	General Repairs ..	51	
250	Reserve for Repairs ..	—	
63	Petrol and Oil for Mowers	79	
121	Repairs to Mowers and Tractor	62	
80	Seed, Fertilizers, Sand, etc.	142	
168	Coke	146	
65	General Expenses ..	35	
	New Mower—		
106	Amount written off (Balance of Cost) ..	—	
207	Renewal of Equipment	82	
£2,834			£2,451
	EXPENSES OF CONSTITUENT INSTITUTIONS (including fares and travelling expenses)		
10	Archery Club	49	
103	Association Football Club	107	
71	Athletic Club	71	
132	Boat Club	150	
—	Part Cost of New Boat	35	
6	Boxing Club	—	
—	Bridge Club	3	
5	Chess Club	2	
174	Cricket Club	138	
17	Debating Society ..	46	
47	Dental Society ..	48	
45	Golf Club	42	
151	Hockey Club	170	
—	Lacrosse Club	1	
79	Lawn Tennis Club ..	97	
37	Motoring Club ..	30	
20	Mountaineering Club ..	—	
—	Mountaineering Club—Grant towards cost of Hut	50	
31	Music Club	34	
56	Pavy Gymnasium ..	100	
31	Photographic Society ..	11	
11	Physical Society ..	11	
108	Rifle Club	95	
605	Rugby Football Club ..	741	
126	Sailing Club	116	
50	Sailing Club—Grant to New Boat Fund ..	—	
52	Squash Club	58	
766	Students' Club ..	924	
8	Students' Club (Table Tennis Club) ..	10	
40	Students' Union ..	52	
9	Swimming Club ..	23	
66	Theatre Club	75	
£2,856			£3,289
	OTHER EXPENSES		
83	Guy's Hospital *Gazette* (Staff)	84	
324	Guy's Hospital *Gazette* (Students)	323	
283	Maintenance of Squash Courts and Gymnasium	282	
200	Office Salaries and Superannuation ..	200	
25	Printing and Stationery	23	
21	Audit Fee	21	
122	Insurances	188	
10	Sundry Expenses ..	19	
16	Deficit on Annual Ball	25	
1,084			1,165
6,774			6,905
35	BALANCE, being excess of Income over Expenditure for the year		—
£6,809			£6,905

1956		£
5,475	SUBSCRIPTIONS RECEIVED DURING YEAR	5,465
600	GRANT FROM MEDICAL SCHOOL ..	600
400	GRANT FROM DENTAL SCHOOL ..	400
185	RENTS FROM TENANTS	185
56	GATE AND STAND RECEIPTS (Net) ..	10
30	INTEREST ON RESERVE FUND INVESTMENTS	30
52	INTEREST ON BANK DEPOSIT ..	57
11	DONATIONS	3
£6,809		£6,750
—	BALANCE, being excess of Expenditure over Income for the year ..	155
£6,809		£6,905

CORRESPONDENCE

Letters to the Editor of the Gazette

Litter in the Park

SIR,—To those who have an orderly and tidy mind, the scattering of litter must always seem quite inexplicable. When I take our old spaniel for his almost-daily walk on that part of the South Downs near my home, I am now quite accustomed, especially on Mondays, to see here and there the usual heaps of garbage in what were once beautiful spots, and now defiled by people who presumably chose them because they were beautiful. I am still more hardened, but not altogether, to the sight of old iron bedsteads, mattresses, iron stoves and even to the old cabin trunk which once belonged to Major Somebody, R.E., which lie about. Even now, however, I cannot stomach the sight of the complete contents of a dustbin, ashes and all. Being, I suppose, something of a snob at heart, I have always imagined that a certain section of society was responsible for all this, and have tried to excuse them on the score of their cultural shortcomings. But now, when I read that the sacred precincts of Guy's even are defaced by the same kind of litter lout, I can only say " Et tu Brute ", and give it all up.

Yours etc.,

G. L. DAVIES.

Missenden Lodge,
Withdean,
Brighton, 5.

Nursing as a Vocation

SIR,—It is twenty years since I left Guy's and one would have thought that by now the old nonsense about "a nurse is a nurse by vocation and not merely for so many hours a day" would have been relegated together with similar hallowed snobbery to the age when a "lady" adopted nursing because all other careers were barred to her.

We all understand that you prefer the arrangement as you have it, otherwise it would not have survived the last twenty years of reform and re-organisation. But let me assure you that however it strikes those who live in the pleasant academic atmosphere of Guy's the effect both on general practitioners and on the public is far from admirable.

Here in this town we have a hospital with wards closed for lack of nurses. I could name several cases (and invite you to investigate at least one !) where a family lives a life of nightmare nursing an aged, sick relative and in which the local hospital regretfully refuses admission due to lack of nursing staff.

One local G.P. even invites patients to write to our M.P., knowing he will get little support from the profession. (This G.P. is reported as claiming to have twenty families with disrupted, unhappy households where sleep is regularly lost, children are "edgy" and so on.)

One would think that the senior members who are or have been in a position to amend this state of affairs would be horrified to hear of what we have to deal with. But are they ? Not at all ! They are much more concerned to ensure that the pleasant atmosphere of admiration and submission which attends the system of "vocation" nursing shall continue.

Let us have an end of this worshipping of a disembodied spirit. At worst it is a form of snobbery and at best it is no longer acceptable to the present young generation. We are happy to know that dignity, academic zeal, and scholarship are preserved and taught at Guy's and at other good hospitals, but concede us the right to insist we must have more nurses and since this cannot be arranged except by breaking-up the present caste system be honest enough to admit that events have more than overtaken the conditions which formerly made the system practicable.

Yours etc.,

D. D. STALFORD.

Carlton,
Bonehurst Road,
Horley, Surrey.

SIR,—*Re* Passim, dated 21st June, 1958, as two ordinary common-or-garden nurses, we should just like to ask the all-important question, "Who's going to haggle at shorter working hours ?"—we are certainly not.

Yours etc.,
TWO "STRIPES."

Nurses' Home,
Guy's Hospital, S.E.1.

P.S.—We may have a vocation, but we *are* human.

We bow to feminine logic, and are very happy to know that "Stripes" are human —EDITOR.

Dental Query

SIR,—With regard to the letter and photograph from John Aust in the *Gazette* of 5th July, 1958, we would like to offer some suggestions which we hope may help to identify some of the gentlemen concerned.

We believe the photograph was taken circa 1902 in the old Conservation Room. Eli Goldstein, whom many will surely remember, stands out clearly, third from the left in the front row. He has now retired from the profession and is in the clothing trade.

At the right, back, is Henry Pilchard, later known for his pioneer work on the uses of Rentokil in root canal therapy.

The gentleman at the right hand end, front, was not a member of the profession, but was employed as a cleaner, and we would think was only included as he probably owned the aspidistra.

Centre back is M. Mieux-Oublié, whose name is best forgotten. We would like to point out that he had the misfortune, in 1906, to lose the index finger of his right hand whilst hedging.

Yours etc.,
J. D. TREGENZA,
P. A. S. LADELLE.

3, Elwyn Court,
Cranford Avenue, Exmouth.

REVIEW

Pharmacology for Nurses. By J. R. TROUNCE. J. & A. Churchill Ltd. *Price* 15*s.*

Under the heading of Therapeutics the General Nursing Council sets out a very formidable syllabus for the final examination, not least in that sub-section concerned with pharmacology. The difficulties of the candidates depend to a large extent, of course, on the standards set by the examiners. Even at the best, however, some knowledge of the subject is desirable. For the modern nurse simply to recognise all the drugs she is likely to handle and administer she requires appropriate teaching. A great deal of useful information to this end can be gained in the wards, simply by observation, but more so from helpful sisters and members of the medical staff. To marshal the scattered facts in more formal order, a course of lectures is then a great help. In the end, however, it is necessary to have a textbook, one which on orderly reading will synthesise the conglomeration of details picked up from day-to-day and one to which, in addition, profitable reference can be made whenever a difficulty arises. In this respect Dr. Trounce's book meets a real need.

There is no doubt that his chapters cover the syllabus. And if there are various details of omission to which attention might be drawn, these are inevitable when a vast and expanding subject like pharmacology must be condensed into convenient compass. Another consequence of this is that the text is not altogether light and easy reading. To supplement a course of lectures it is nevertheless invaluable.

When the time comes for another edition a few modifications might be desirable. The section on anæsthetics, for example, admirably as Dr. Hall has contributed it, is somewhat disproportionate to the rest of the chapters. It might be as well, furthermore, to adhere primarily to the standard or approved names for all drugs, yet quoting the synonyms and trade names in parenthesis. The nurse, like the pharmacist, must contend with a bewildering inconsistency of nomenclature in doctors' prescribing, so she needs a ready cross-reference. In this connection, Appendix I might usefully be extended.

Similarly, with the urge nowadays in medicine for the metric system of weights and measures to be adopted throughout, all doses and similar quantities might be so quoted in the first instance, with the imperial equivalents in brackets wherever these are likely to be encountered in practice. And, if those delightful but outdated and confusing apothecaries' symbols are to be mentioned at all, they should be accompanied by suitable gestures of interment. Finally, one or two of the prescriptions quoted from standard works need checking. Inaccuracies seem to have crept in with translation.

Despite these criticisms of form, this is a handy and commendably inexpensive textbook that will be a standby for the student nurse reading for her finals and a companion to the qualified nurse who requires a convenient reference.

R.G.

SPORT

LAWN TENNIS

London University Cup Final

At Motspur Park 28th June, 1958

Guy's v. College of Estate Management
Result—Won 5-2

Although Guy's opponents have only two hundred people to select a team from, they were much stronger than the score indicates.

The match was played on hard courts in very hot weather; the grass courts were still recovering from a tremendous soaking during the week. Sellman and Devereux, at first pair, never got going and were outclassed. Meanwhile, Mitchell and Smith, at third pair, annihilated their opponents, only losing one game.

The key match in the first round was between the respective second pairs. The Guy's pair, Dobie and Blake, after a long three-set match, clinched it for a 2-1 lead.

In the second round, Sellman and Devereux improved to beat their second pair opponents in straight sets; Mitchell and Smith again played well to take their first pair opponents to three sets before losing, and Dobie and Blake won their match easily.

So after two rounds Guy's led by 4-2 and needed only one match for the Cup. Sellman and Devereux were taken to three sets by the third pair before winning the match and Cup.

Sellman and Devereux, Won 2, Lost 1.
Dobie and Blake, Won 2, Lost 0.
Smith and Mitchell, Won 1, Lost 1.

United Hospitals Cup Final

Guy's v. University College Hospital

At H.O.P. 9th July, 1958

Result—Won 7-2

After a lot of treatment, both natural and manual, the grass courts at H.O.P. were in immaculate condition.

The U.C.H. first pair revelled in the fast conditions, and by dint of good serving, in addition to a spate of double-faults from their opponents Sellman and Devereux, won easily.

Mitchell and Smith at third pair, again played well and won comfortably.

Dobie and Blake again were playing what is considered the key match, the second pair match, and won after a hard three-set match.

In the second round, Sellman and Devereux won their match in straight sets. Dobie and Blake beat the first pair very convincingly, and Mitchell and Smith had a lapse to lose to the opposing second pair. So when tea was taken, Guy's led by 4 matches to 2. When play was resumed, Guy's won all their matches to win by the clear margin of 7-2.

Sellman and Devereux, Won 2, Lost 1.
Dobie and Blake, Won 3, Lost 1.
Mitchell and Smith, Won 2, Lost 1.

Guy's v. Queen's University Belfast

At H.O.P. 3rd July, 1958

Result—Won 5-4

A strong team, led by Cecil Pedlow, the Irish Rugby International and Davis Cup player, played Guy's in an evening fixture at H.O.P.

Sellman and Devereux lost in three sets to their first pair opponents, after having a match point for, and then serving six match points against them. The Guy's pair then went and lost to the third pair, but salvaged a poor display by beating the second pair.

Dobie and Blake beat the second and third pairs as did Smith and Black.

Sellman and Devereux, Won 1, Lost 2.
Dobie and Blake, Won 2, Lost 1.
Smith and Black, Won 2, Lost 1.

Guy's v. Chiswick L.T.C.

Away 5th July, 1958

Result—Won 6-3

D. Sellman and M. Devereux, Won 3, Lost 0.
M. Blake and N. Dobie, Won 3, Lost 0.
A. Harris and G. Davies, Won 0, Lost 3.

Guy's v. R.N. College, Greenwich

At H.O.P. 6th July, 1958

Result—Won 5-4

R. Rose and A. Black, Won 3, Lost 0.
H. Leake and G. Davies, Won 2, Lost 1.
M. Rudge and P. Dale, Lost 2, 1 unfinished.

GOLF

Left to right: Mr. R. H. F. Brain, M. Wilson, P. Reynolds, Dr. P. Sheard, J. Maher, W. Whitrow, Dr. I. Kelsey-Fry, Dr. J. Briggs, Dr. I. Mackenzie, T. Tetlow, Dr. J. Mathewson, J. Smallshaw, Dr. J. D. Carroll, G. Ward, Mr. R. G. Reid, Dr. K. S. Maclean, Dr. T. Finnegan, Mr. N. Eckhoff, D. Holmes.

Staff *v.* Medical Students

on 29th June, 1958 at Huntercombe Golf Club

Mr. N. L. Eckhoff's Side *D. M. Holmes's Side*

A.M. FOURSOMES (⅞ handicap difference)

Dr. J. Houston (18)		D. Holmes (Scr.)	
0	and	2 holes and	1
Dr. Mathewson (13)		R. J. Cockerill (2)	
Dr. I. Mackenzie (18)		P. Reynolds (10)	
0	and	4/2 and	1
Dr. J. D. Carroll (18)		R. Read (18)	
Mr. R. H. Brain (7)		J. Maher (18)	
0	and	3/1 and	1
Dr. K. Maclean (14)		G. Ward (18)	
Mr. T. L. Lewis (21)		M. Wilson (18)	
1	1 hole and	and	0
Dr. J. Briggs (20)		J. Smallshaw (18)	
Mr. N. Eckhoff (14)		W. Whitrow (14)	
1	3/1 and	and	0
Mr. Reid (9)		P. Sheard (14)	
Dr. I. Kelsey-Fry (14)		T. Tetlow (9)	
0	and	5/4 and	1
Dr. T. Finnegan (20)		I. Chisholm (7)	

P.M. 4-BALL MATCH (¾ difference in handicap)

Mr. N. Eckhoff (14)		D. Holmes (Scr.)	
0	and	1 hole and	1
Dr. K. Maclean (14)		P. Sheard (14)	
Mr. Reid (9)		P. Reynolds (10)	
0	and	5/4 and	1
Dr. T. Finnegan (20)		T. Tetlow (9)	
Dr. Houston (18)		R. Read (18)	
1	3/2 and	and	0
Dr. Mathewson (13)		G. Ward (18)	
Mr. T. L. Lewis (21)		J. Maher (18)	
1	4/2 and	and	0
Dr. J. D. Carroll (18)		I. Chisholm (7)	
Mr. R. H. Brain (7)		R. Cockerill (2)	
0	and	5/4 and	1
Dr. I. Kelsey-Fry (14)		M. Wilson (18)	
Dr. J. Briggs (20)		J. Smallshaw (18)	
0	and	4/3 and	1
Dr. I. Mackenzie (18)		W. Whitrow (14)	
4			8

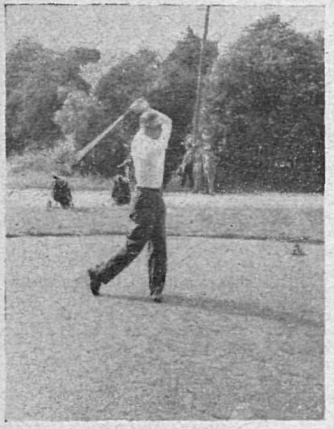
Result: Students beat Staff by 8 matches to 4.

Mr. N. L. Eckhoff, and D. Holmes, the two captains.

The Staff v. Students

The Staff v. Students match was played at Huntercombe on 29th June. The morning matches were foursomes on handicap.

In the top match Dr. J. C. Houston and Dr. Mathewson were opposed to D. Holmes and R. Cockerill, who were conceding 12 strokes. Dr. Houston's putting in the early stages of the game was said to have been phenomenal but unfortunate lapses by the consultants at the 17th and 18th holes cost them the match.



Dr. J. C. Houston driving from the first tee.

(Photos by R. Cockerill)

Dr. P. Sheard and Dr. K. S. Maclean, at the 13th tee.

In the third match Mr. T. L. T. Lewis and Dr. J. Briggs were playing M. Wilson and J. Smallshaw, the latter pair having returned 68 and 64 in the Guy's medal the day before. However, the Consultants were undismayed by these scores, eventually winning at the last hole where Mr. Lewis holed a long putt.

The President, Mr. N. L. Eckhoff and Mr. Reis proved too strong for P. Sheard and W. Whitrow, Mr. Eckhoff's driving and putting being a deciding factor in the match.

In the afternoon, 4 balls were played, Drs. Houston, Mathewson, Carroll and Mr. Lewis all being successful for the Staff.

Dr. K. S. Maclean was heard to have been in form in the afternoon, doing the first 9 holes in 31 net, but P. Sheard had a strong finish and D. Holmes put his tee shot dead at the last hole to turn the game in the Students' favour.

The final result was a win for the Students by 8 matches to 4.

THE MOTORING CLUB

The Vice President's Midsummer's Night Rally

The Motoring Club normally does not run any road events during the Summer months. This Summer, however, was an exception.

On Saturday, 21st June, we held the "Vice-President's Midsummer's Night Rally". Some 28 cars took part and left Guy's at one-minute intervals from 5.15 onwards.

The rally was divided into three sections. The first section took the competitors via the beautiful Leith Hill to Coldharbour which is a few miles south of Dorking. This section was relatively easy though the crews were kept busy looking out for various strange places, including a rifle range and an old tram, etc. The second section was intended for lady navigators. Left had to be read for right and right for left. Despite the instructions many cars were lost in the depths of Hampshire. At the end of section two the competitors were given the route card for the third and final section. This section was over a tortuous route to West Meon. On the way the competitors were surprised to find that they had to obtain clothing, etc., to dress one of the members of the crew as a "Druid". The last point to be visited was a miniature Stone Henge. On arrival the "Druids" had to perform a ceremony which involved the singing of "Guy's patients never die . . ." much to the amusement of the local inhabitants. When the ceremony was over, the competitors made their way to the finish, where Mr. and Mrs. Tulley had provided a wonderful picnic supper in their orchard. Later on in the evening there was a parade of the Druids so that everybody would have a chance of seeing them. The results of the rally were announced and the prizes were presented by Mrs. Tulley. The party finished in the early hours of the morning after a very enjoyable evening.

A.J.S.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar in the Department of Diagnostic Radiology** at Guy's Hospital, with appointment from 1st October, 1958, until 30th September, 1959, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **5th August, 1958.**

Applications are invited for the post of **Registrar in the Radiotherapy Department;** duties to commence as soon as possible. The post will be tenable until 30th September, 1959, in the first instance. Higher qualifications would be an advantage, but there would be opportunities for studying for the D.M.R.T. Parts I and II.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not **later than 5th August, 1958.**

Applications are invited for the post of **Senior Registrar in the Department of Psychological Medicine**, with duties chiefly in the Out-Patient Department and the Child Psychiatry Clinic, commencing not later than 1st October, 1958. Applicants should possess a higher qualification and have experience in child psychiatric work.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1., not later than **1st August, 1958.**

Applications are invited for the post of **Junior Lecturer or Lecturer** in the Department of Bacteriology commencing on 1st October, 1958. Applicants should have a scientific or medical degree and those with experience in biochemical techniques and with an interest in microbiological research will be preferred. Initial salary according to qualifications and experience in the range £850 per annum plus £60 London Allowance, to £1,150 per annum with superannuation and family allowance. Application should be made not later than **26th July, 1958,** on a form obtainable from the Dean.

Applications are invited for a **full-time Research Fellowship in the Thoracic Surgical Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £935 to £1,210 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1. on or before **2nd August, 1958.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st September, 1958. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **1st August, 1958.**

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

The following appointments and reappointments have been made by the Board of Governors for the period commencing 1st October, 1958.

MEDICAL

Medical Registrars
Dr. J. D. Williams
Dr. D. C. Deuchar
Dr. I. E. Evans
Dr. M. H. Lessof—Study Leave in U.S.A.
Dr. D. A. F. McGill
Dr. G. W. Scott—*Seconded to Bromley Group*

Junior Medical Registrars
Dr. Joan Baker
Dr. B. H. B. Robinson
Dr. P. H. W. Sheard

Surgical Registrars
Mr. A. G. Parks
Mr. J. A. L. Davies
Mr. F. G. Ellis
Mr. R. G. Beard
Mr. N. H. Porter—Seconded to Bermondsey Group
Mr. A. W. R. Williamson—Seconded to S.E. Kent Group

Obstetric Registrars
Mr. F. A. Murray
Mr. A. S. F. Butcher
Mr. P. J. Dwyer—Seconded to Bromley Group

Genito-Urinary Registrar
Mr. D. W. Thomas

Ear, Nose and Throat Registrars
Mr. C. P. Mills
Mr. O. Shaheen
Mr. D. F. N. Harrison—Seconded to Bromley Group

Thoracic Registrar
Mr. D. N. Ross

Registrar in the Radiotherapy Department
Dr. J. S. Bunting

Registrars in Diagnostic X-ray Department
Dr. J. A. E. Ambrose
Dr. P. Purcell
Dr. I. H. Kerr
Dr. V. H. Hutchinson

Registrars in the Department of Physical Medicine
Dr. J. B. Morrison
Dr. P. H. Kendall—Seconded to Bromley Group
Dr. G. Holden

Anaesthetic Registrars
Dr. R. J. Vale
Dr. J. A. Thornton
Dr. C. Bishop (New Cross Hospital)
Dr. D. C. Hodgson
Dr. M. W. Potts

Registrars in the Neurological Department
Dr. C. J. Earl
Dr. C. L. Joiner

Registrars in the Department of Clinical Pathology
Dr. P. O'Gorman
Dr. P. D. Griffiths
Dr. J. Liddell
Dr. J. C. McAlpine
Dr. Betty West
Dr. R. G. Huntsman—Seconded to Lewisham Group

Orthopaedic Registrars
Mr. G. A. Marin
Mr. J. R. Briggs
Mr. B. H. Brock—Seconded to Medway and Gravesend Group

Paediatric Registrars
Dr. R. W. Smithells
Dr. J. W. Scopes (Evelina Hospital)

Registrars in the Department of Psychological Medicine
Dr. C. P. B. Brook
Dr. K. Loucas
Dr. G. H. Daw
Dr. J. H. P. Willis
Dr. H. M. Park—Seconded to Bexley Group

Registrar in B.M.R., Endocrine and Radio-isotopes Departments
Dr. J. H. Briggs

Ophthalmic Registrars
Miss I. D. R. Gregory
Mr. S. S. F. Munro
Mr. P. H. N. Matthews

Registrar in the Dermatological Department
Dr. V. Wilson

Clinical Assistant in the V.D. Department
Dr. E. de C. Kite

DENTAL

Assistants to the Visiting Dental Surgeons
Mr. G. A. Kerr
Mr. R. C. Bret-Day

Registrar in Minor Oral Surgery
Mr. W. Sims

Registrars in the Casualty Department
Mr. J. Metcalf
Mr. N. W. V. Bryan

Registrars in the Department of Preventive Dentistry
Mr. D. R. Taylor
Mr. J. S. Zamet
Mr. M. S. E. Gould

Staff Dental Officer
Mr. D. R. Whittington

Registrars in the Children's Department
Mr. A. C. Campbell
Mr. R. W. Willcocks

Orthodontic Assistants
Mr. M. S. E. Gould
Mr. H. D. A. Hope

Registrars in the Department of Dental Prosthetics
Miss J. Elliott
Mr. E.McK. Sycamore
Mr. R. B. Johns
Mr. C. J. Lambert
Mr. E. E. Silcock
Dental Officer to Salomons Centre
Mr. G. S. Loader
Registrars in the Department of Conservative Dental Surgery
Mr. P. Ayling
Mr. D. London
Mr. A. H. R. Rowe
Mr. W. M. Boyle
Mr. P. Frank
Mr. J. N. James
Mr. W. C. McLachlan
Mr. J. P. I. Rose
Miss B. M. Langrish

GUY'S HOSPITAL MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments to the Junior Staff have been made from 1st October, 1958:—

Allanby, K. D. Senior Assistant to the Director of the Department of Medicine (1 year).

Baker, R. W. R. Senior Lecturer in the Chemical Pathology Department (1 year).

Bishop, M. H. H. Junior Lecturer in the Anatomy Department (1 year).

Dobbing, J. Lecturer in the Department of Morbid Anatomy and Histology, and Gull Student (1 year).

Finnegan, T. R. L. Tutor in charge of the Preliminary Clinical Period Class (1 year).

Firth, P. S. Junior Lecturer in the Physiology Department (1 year).

Griffith, J. Lecturer in the Biology Department (3 years).

Hayward, J. L. Junior Assistant (Research) to Director of the Department of Surgery (1 year).

McColl, I. Junior Lecturer, Anatomy and Physiology Departments (1 year).

Missen, G. A. K. Lecturer in the Department of Morbid Anatomy and Histology (1 year).

Moore, R. D. Lecturer in the Physics Department (4 years).

Penikett, E. J. K. Senior Lecturer in the Bacteriology Department (2 years).

Pickering, B. N. Junior Lecturer (part-time) in the Physiology Department and Assistant to the Director of the Student Health Service (1 year).

Rickard, B. J. Lecturer in the Biology Department (3 years).

Sinclair, L. Junior Lecturer in the Pharmacology Department (1 year).

Sullivan, F. Junior Lecturer in the Pharmacology Department (1 year).

Thomas, C. G. A. Senior Lecturer in the Department of Clinical Pathology (2 years).

Trounce, J. R. Senior Assistant (Research) to the Director of the Department of Medicine (1 year).

Weaver, J. P. A. Junior Lecturer in the Anatomy Department (1 year).

Wendell-Smith, C. P. Lecturer in the Anatomy Department (4 years).

Wright, P. H. Lecturer in the Chemical Pathology Department and Anderson Demonstrator of Clinical Chemistry (1 year).

Guy's Hospital Dental School

Neill, D. J. Full-time Assistant to the Director of the Department of Dental Prosthetics (5 years).

Osborn, J. W. Demonstrator in Special Anatomy and Histology (1 year).

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
June, 1958

Anatomy

Penelope J. E. Cave	J. M Robertson
S. Haynes	J. M. I. Simpson
C. J. Hughes	A. P. Staz
Loretta S. W. Ko	Jillian M. Wandless
P. J. Nicklin	

Physiology

Penelope J. E. Cave	P. J. Nicklin
S. Haynes	J. M. I. Simpson
C. J. Hughes	A. P. Staz
S. J. L. King	L. J. F. Youlten

Pharmacology

J. F. Bedell	G. M. Preston
Margaret E. Cash	L. M. Razavi
F. W. L. T. Engmann	D. A. Reynolds
I. J. Field	I. C. Roddick
Susan R. Greenwood	C. J. Rowland
J. B. Gritton	Jean M. M. Steadman
D. N. Landon	R. S. Terry
A. P. Lees	Than Tut
J. D. Lloyd-Still	R. W. Willé
J. F. Murray	

NURSING NEWS

Entered:
S/N G. Ryan, to *Nuffield "A"*.

Left:
Sister M. C. Davies (*Theatres*).
Sister A. Purdie (*New Cross*).

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

POSITANO (Between Sorrento and Amalfi) delightful villa overlooking sea. Room, baths, breakfast, dinner, service, equiv. 25/- inclusive. Write: Amalia Cafiero, Positano, Salerno, Italy. (Enquiries London, Primrose 7598).

Wanted

DENTAL ASSISTANT. Vacancy will arise in October for Assistant in 3-surgeon practice. Flat available with refrigerator, cooker, large garden. Own chairside assistant and treatment as a partner including own name plate. Wallington, Surrey. Salary 45 per cent. Box No. 148.

DENTAL ASSISTANT. Rural Herts., but only approximately 25 miles from London. Modern unfurnished flat available close to practice. Box No. 151.

For Sale

OLD GUY'S PRACTICE for disposal (retirement). Mansfield. Grossing £7,000 p.a. Details to enquirer. Box No. 146.

BOOKS. Sharp: Operative Surgery 1747, Astley Cooper: Principles of Surgery, 1836, Cheselden: Anatomy 1763, Baillie: Morbid Anatomy 1812. Box No. 152.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Campbell, Maurice. Surgical Results in Coarctation of the Aorta, Aortic Stenosis, and Pulmonary Stenosis. *Arch. intern. Med.*, 1958, **101**, 1017.

Cavanagh, J. B. and Macdonald, I. An Experimental Nutritional Myopathy and Neuropathy. *Quart. J. exp. Physiol.*, 1958, **43**, 235.

de Mowbray, Robert R. The Pre-Operative and Post-Operative Care of Patients receiving Cortisone or Other Steroid Therapy. *Postgrad. med. J.* 1957, **33**, 632.

de Mowbray, Robert R. Endocrine Crises. *Med. Pr.*, 1957, **236**, 447.

de Mowbray, Robert R. and others. Changes in Serum-Potassium Level and in *p*H of Arterial Blood in Respiratory Acidosis. *Lancet*, 1958, i, 405.

Erskine, David. The Occurrence and Treatment of Chancroid. *British Encyclopaedia of Medical Practice. Interim Supplement, No. 189*, 1958.

Jacoby, N. M. The Child Who Won't Talk. *Practitioner*, 1958, **181**, 109.

Parks, A. G. Modern Concepts of the Anatomy of the Ano-Rectal Region. *Postgrad. med. J.*, 1958, **34**, 360.

Still, R. M. Lloyd. Psychosis following Asian Influenza in Barbados. *Lancet*, 1958, ii, 20.

CHANGES OF ADDRESS

A. W. J. Craft, O.B.E., M.R.C.S., Branksome Dene, Barcombe Heights, Paignton, Devon. (Tel. *Paignton 83610*).

A. G. Ellerker, M.S., F.R.C.S., c/o Sarawak Shell Oilfields Ltd., Seria, via Labuan and Kuala Belait, State of Brunei.

C. F. Hawkins, M.M., L.D.S., "Chesterfield," Cirencester, Glos.

P. O'Gorman, M.B., B.S., 51, Hazlewell Road, Putney, London, S.W.15. (Tel. Putney 1771).

P. L. Pelmear, M.B., B.S., Pamol Ltd., C.O.P.E., Calabar, Nigeria.

BIRTHS

BLUETT.—On 22nd February, 1958, at Dorking, to Elizabeth Jean (née Ward-Booth), wife of Desmond Bluett, M.B., B.S., D.R.C.O.G., a daughter (Elizabeth Anne).

LUNTZ.—On 24th June, 1958, at Sorrento Maternity Hospital, Birmingham, to Pamela (née Lovegrove, M.R.A.D.), wife of George Luntze, M.R.C.P., a daughter (Mandy Jane), a sister for Verity Anne.

MARRIAGES

MANSFIELD—TURNER.—On 21st June, 1958, at The Parish Church, Tonbridge, Frank Mansfield, M.B., B.Chir., to Carol Turner.

WILSON—WALLACE.—On 21st June, 1958, at St. Margaret's Church, Rainham, Kent, Derek Wilson, M.B., B.S., to Irene Isobel Wallace, S.R.N.

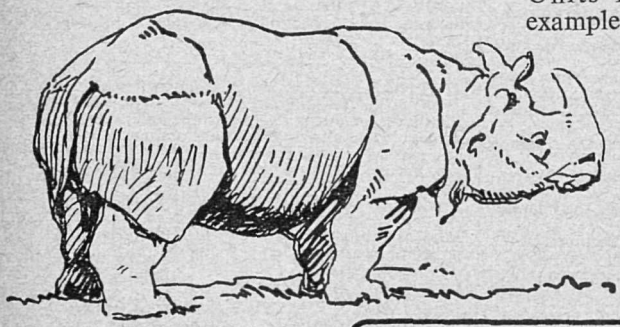
DEATHS

JACKSON.—On 21st June, 1958, Thomas Sparks Jackson, M.R.C.S., L.R.C.P., of 96, Lowther Road, Bournemouth, aged 94.

WILLIAMS.—On 15th May, 1958, Arthur Donald John Bedward Williams, M.R.C.S., L.R.C.P., Colonial Medical Service of Likoni, Mombasa, Kenya.

EDS. { J.A.W. / T.R.C.

Well-Covered...



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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1827 *2nd August* 1958 *One Shilling*

PASSIM

AT the Annual Scientific Meeting of the British Medical Association, a motion was carried which deplored the dearth of hospital building, particularly in view of what one delegate called the "public scandal" of waiting lists. Teaching hospitals, he said, had four patients waiting for each surgical bed, while in the provinces the figure was five, though these compared well with the average of nine patients waiting for each gynaecological bed. The Guy's surgical waiting list a week or two ago consisted of 717 patients (369 men and 348 women), waiting for 173 beds, including only gynaecology of the specialities. Although this sounds a high figure, so that one tends at first to feel that New Guy's House could well be an addition to, and not a substitute for the present surgical wards, the list is in fact far shorter than ever before except for one or two specialist operations; it is not only relatively, but absolutely, a short list, and it is still shrinking, for several reasons. The surgical beds are filled from the waiting lists, which are maintained from Out-patient clinics. What is happening is that we are subtracting from the list faster and faster, and adding to it more and more slowly. Although a waiting list of four patients per bed sounds long, it is less formidable when one realizes that Guy's is now discharging patients at the rate of twelve thousand a year from six hundred beds, compared with a rate of ten thousand a year, only two years ago. The fact of shorter stays in hospital, with a faster turnover, applies less dramatically to surgical beds, but control of infection and advances in surgical, anaesthetic and nursing technique must continue to accelerate the trend. At the other end of the list, there are several factors tending to cut down the number of new patients added to it, which can all be summed up in the one word "competition." The railway lines from Dartford, Orpington, Bromley, the South Coast, and Epsom, which used to funnel into London Bridge Station the thousands of patients who were referred to Guy's without a second thought, are today busy shuttling them to the excellent hospitals in Kent, Sussex and Surrey, where they can now consult Guy's and other surgeons virtually on their own doorsteps, without being seen by students. When the orthopaedic surgeons move into New Guy's House in 1960, we cannot suppose that the new, modern theatres at New Cross will lie fallow; they will be added to the many new centres rushing through long lists of patients who would ten years ago have come to Great Maze Pond. These are factors which will become more, and not less potent with the years. When a Guy's man who is now a consultant in Kent

said the other day "How's the new building, and how are you going to fill it ?", he was not being flippant. In perspective, however, we must realize that there are still hordes of patients who are prepared and eager to take advantage of all that Guy's has to offer. (Our beds need, of course, never be empty while the Emergency Bed Service is on the telephone across the road). But a teaching hospital, despite obscurantist objections, must select its patients, and this means that, worried, insecure and unhappy as they often are, whether from the nature of their illness or from shyness, they must meet a reception which is not only friendly, as it already is, but adequately staffed and comfortably housed, which it is not. It is in Out-patients that the public relations of the Hospital are largely forged. While a teaching clinic must of necessity deal with fewer patients in a given time than an outside clinic, could not a little planning avoid long waits for sick and unhappy patients ? It is difficult to see why several of them need be given appointments for the same hour, so that automatic long waits for some are apparently considered tolerable. When a case proves complicated, a little liaison might allow the waiting patients to know that they will have, say, half-an-hour's delay, for which they will think none the worse of us if they feel that they are being treated as intelligent beings and not as ciphers. The Ministry agreed, fifteen months ago, that extra receptionists for this purpose should be employed on each floor of Out-patients, but they have not materialized. All is well at the moment, but if we are to move into a 378-bed surgical block in two years' time, with a waiting list which is already under a thousand and still shrinking, we must add, to the goodwill and expert attention which are already abundant in Out-patients, some of the modern ancillary comfort which the patient will otherwise seek elsewhere, leaving us with the nightmare of New Guy's House as a vast casualty station and little else.

We announce with great regret the retirement of Mr. Kenneth Hooper, F.D.S., L.R.C.P., M.R.C.S., Senior Dental Surgeon to the Hospital, Mr. Hooper's last clinic last week was crowded with his former students, and a "guard of honour" lined the Dental School stairs to bid him farewell. We know that we speak for all Guy's men in wishing him a fruitful and happy retirement. An appreciation will appear in the next issue of the *Gazette*.

We are proud to congratulate Sir Geoffrey Marshall upon his election as President of the Royal Society of Medicine for the year 1958-59. In the hard work which will accompany this signal honour, he will be aided by two other Guy's men, in the persons of Professor R. H. S. Thompson, a joint Honorary Secretary, and Dr. E. C. Warner, a joint Honorary Editor. To them, too, we offer our congratulations, and also to Mr. L. R. Broster, who has been elected an Honorary Fellow of the Society.

We congratulate Mr. Alan Parks on his appointment as Hunterian Professor of the Royal College of Surgeons, which is also announced in this issue. His subject is to be the Micro-anatomy of the Breast.

We congratulate Dr. David Stafford-Clark, Director of the York Clinic and Physician in Psychological Medicine, and Dr. Ian Mackenzie, Assistant Physician for Diseases of the Nervous System, upon their election as Fellows of the Royal College of Physicians; our congratulations are also due to Mr. J. R. Dickinson, Mr. G. W. Garland and Mr. E. D. Y. Grasby, who have been elected to the Fellowship of the Royal College of Obstetricians and Gynaecologists.

The first holder of the newly created Burroughs Wellcome Fellowship in Anaesthetics is to be Miss June Brett, who qualified at Guy's in 1952. We congratulate her most warmly. Miss Brett leaves in August for Los Angeles, where she is to do clinical and research work for a year.

Mental Health Flag Day was marked by strenuous efforts at Guy's, where Mrs. Dorothy Stafford-Clark marshalled volunteers from the Medical School and School of Nursing, who at the various times of day when they could go out into the Borough, collected over £115; a splendid total which exceeded last year's by over £25.

Having sailed in the *Uomie* in the Rhode Island to Bermuda race, Mr. Arthur Horniblow, the well-known Guy's sailor, is back at the Hospital after bringing *Uomie* home from Bermuda to Cowes in twenty-three days, weathering an Atlantic gale on the way. This fine piece of seamanship commands our admiration, and we very much hope that Mr. Horniblow will be able to give readers of the *Gazette* some glimpses of the voyage from his log, before he again takes to the high seas.

The B.B.C. film unit which came to the Park on a sunny Wednesday last week, to "shoot" crowds of students going cheerfully about their business, were disappointed to find so few of them in evidence. Although the preclinical void leaves the Park relatively empty, the clinical students who were muttering down microscopes or rehearsing for rounds would have told the producer firmly that still waters run deep, though they might have put it more floridly than that.

Cover point gathered the ball neatly, and hurled it to third man, who ran twenty yards and scored a perfect goal. This perplexing procedure took place at Motspur Park last week, when the men's lacrosse team of Johns Hopkins University beat the South of England by thirteen goals to one, watched by several of the Statesmen who are now spending some weeks on the medical, surgical and paediatric firms, and by a handful of Guy's men, the latter quite out of their depth. The Americans wore blue space helmets, and were numbered 13, 25, 66, 79, etc.; the quixotic English wore nineteenth-century boating caps, and were numbered one to twelve.

We followed with great interest the fortunes of Mr. Peter Hildreth in the Empire Games at Cardiff, where he won his heat of the 110 yards hurdles in fast time, and just missed a medal in the final. We shall be glad to see him back, having been momentarily alarmed by a television commentator who confided, we thought at first, that Mr. Hildreth "went very fast over the Styx".

The catchy phrase has been proved again and again to be worth its weight in gold to the cause it supports. To sufferers from an excess of adipose tissue, some improvement of morale may well accrue from the happy play on words of Dr. Sinclair, of Oxford, who advocated "girth control". We must emphatically deny, however, that the Reduction Clinics planned for Back Surgery are intended to treat the subluxed waistline.

How excellent it is that the roof of the tunnel from the College to the Park has been reinforced against leaks and floods, by levelling the pavement and installing a proper drain. Perhaps the gentlemen who did the work will pause, on their way back to the Works Department, to unscrew that notice by the Colonnade, which has served its purpose since everyone now knows its message by heart.

J. B. BLAIKLEY, ESQ., F.R.C.S., F.R.C.O.G.

Sixth Superintendent of Guy's

Since 1853, when the post of Superintendent was established, there have been five holders of that office.* It is with great pleasure that we welcome the sixth Superintendent, Mr. J. B. Blaikley, F.R.C.S., F.R.C.O.G., who took office on 17th July. Mr. Blaikley qualified at Guy's in 1928, and was appointed to the Staff in 1941 as Assistant Obstetric Surgeon, becoming Obstetric Surgeon in 1947. He is also Surgeon to the Chelsea Hospital for Women. He recently relinquished the Directorship of the Department of Obstetrics and Gynaecology.

Dr. John Charles Steele	1853-1892
Sir Edwin Cooper Perry	1892-1920
Sir Herbert Lightfoot Eason	1920-1937
Thomas Baillie Johnston, Esq.	1937-1948
William David Doherty, Esq.	1948-1958
John Barnard Blaikley, Esq.	1958-

GUY'S DIARY

AUGUST

11th M 1.00 Dr. E. P. Cronkite (Brookhaven National Laboratory, U.S.A.). Clinical Lecture. *Some Effects of Ionizing Radiation on Human Beings.*

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* *The Superintendents of Guy's.* By T. B. Brewin, M.R.C.P. *Guy's Hospital Gazette* (1953), **67**, 392.

SOME EFFECTS OF IONIZING RADIATION WITH SPECIAL REFERENCE TO FALL-OUT AFTER MEGATON EXPLOSIONS

By PATRICK CLARKSON, M.B.E., M.B., B.S., F.R.C.S.

ON 11th August, at 1 p.m., Dr. Eugene Cronkite, late of the U.S. Navy and now of the Brookhaven U.S. National Laboratory, is coming to lecture at Guy's on this subject. These problems are potentially the most important in the world today. The Hospital is indeed fortunate that one of the leading authorities on them in the world is sparing time on a short visit to England to talk to us on this subject. This is therefore a suitable time to review the monograph which he edited on 'Some Effects of Ionizing Radiation on Human Beings' from the Naval Medical Research Institute, Bethesda, and from the Medical Department of the Brookhaven National Laboratory. This monograph is the most complete account available in the West of the effects of 'fall-out' following megaton nuclear explosions. There has also been published a long-term follow-up of these effects in 'Medical Survey of Marshallese Two Years after Exposure to Fall-Out Radiation'. (Journal of the American Medical Association, 13th July, 1957. Vol. 164.)

On 1st March, 1954, the megaton thermo-nuclear device which was exploded at Eniwetok resulted in the deposition, due to an unexpected change of wind, of radio-active substances on distant atolls which were inhabited chiefly by Marshallese but also by U.S. Service personnel. Surveys of the area showed that injurious levels of radiation had occurred there ; evacuation was therefore carried out as quickly as possible. The affected natives and the U.S. personnel had been subjected to gamma radiations and beta-particle contamination. Very experienced and qualified medical U.S. teams were immediately ordered into this area. The survey include the possible effect of gamma-ray dosage and beta-particle contamination, as regards their general clinical course, and as they affect skin lesions, haematological effects, internal deposition and internal radiation by radioclides. Dr. Cronkite's monograph also includes a general survey of the effects of gamma radiation from other atomic weapons. Can I emphasize the opinion that it is to be recommended as quite the most lucid, as well as the most complete account of this important modern hazard available in the literature.

The detonation which occurred in March, 1954, affected a number of atolls. In general it may be said that the atomic fall-out took the form of an "elongated cigar" about 200 miles long by 50 miles wide, spreading from Bikini atoll to Utirik atoll; that is, it was equivalent to an area stretching from Birmingham to Lowestoft and extending north and south about 25 miles from that line. The estimated total body radiation dose in the areas affected, ranged from 175 r to 14 r, varying with distance of the atoll from the detonation. The fall-out was from a near-ground explosion over the reefs of coral atolls; it was

therefore formed mainly of carbonates. As such, its chemical nature is not thought to have contributed to the lesions; but equally this fall-out is not likely to be of similar chemistry in all parts of the world. It was described by those affected as 'snow-like' and 'mist-like'. Here again this appearance depended upon the chemical nature and particulate size of the fall-out; the appearance in other parts of the world might be different.

Dr. Cronkite gives a concise review of the physics of the detonation which is beyond my scope in this short paper, other than to point out that; "the fall-out material when deposited on the ground formed a large planar source of radiation"; "the duration of the radio-active fall-outs was not known and the length of exposure was subject to uncertainties"; "the diffuse geometry from the semi-infinite planar source was believed to increase the biological effect of the whole body dose expressed as an air dose, compared to the geometry of the usual X-ray exposure"; "soft gamma and beta radiation from fall-out on the ground, and especially on the skin itself, gave a superficial dose which was high enough to produce lesions".

Clinical Observations

The general clinical picture included seriously irradiated patients who had early symptoms of anorexia, vomiting and diarrhœa. These subsided without treatment within 2 days. But the same patients then slowly developed granulocytopenia and thrombocytopenia, which were unassociated with secondary complications. The skin lesions and epilations were the only other effects of radiation exposure noted.

Skin Lesions and Epilations

Attention is drawn to the importance of the chemical nature of the radio-isotopes causing these gamma radiations. Different substances would adher to a greater or lesser extent to the skin, and their chemical nature might also to a greater or lesser extent affect the lesions on the skin. The skin effects therefore may vary with identical doses of gamma radiation and beta contamination in accordance with the chemical and physical properties of the fall-out.

Dr. Cronkite and his colleagues point out that there has been no previous experience of megaton nuclear explosions on human beings. Hitherto, as at Hiroshima and Nagasaki, the fall-out hazard was known to be negligible (despite early accounts of "atomic burns" in the lay Press); but it is now seen that the detonation of a large-scale device close to the ground can be followed by serious skin and other lesions, even at very considerable distances. It is again emphasized that at the high-level kiloton detonations of Hiroshima and Nagasaki the fall-out was not a problem, since the radio-active products of detonation were dissipated into the stratosphere. The Japanese were subjected to primary white light and infra-red burns, and to secondary burns due to contact with fires.

The skin lesions noted in the Marshallese in this exceptional fall-out contamination from a megaton explosion were characterised by itching and burning of the skin for one to two days; epilations and skin lesions were observed at two to three weeks after exposure. There were often bluish-brown pigmentations of the finger-nails. Neither primary nor secondary erythema was observed. The first evidence of skin lesion was an increase in pigmentation and the formation of black macules, papules and raised plaques. "The lesions developed largely on the exposed parts of the body not protected by clothing, and occurred usually in the following order: scalp (with epilation), neck, axillæ, antecubital fossæ, feet, limbs and trunk". The American Service personnel were affected less than the Marshallese, because they recognised their danger at the time of fall-out and took protective measures by washing and changing clothes. About 20 per cent. of the people in the higher gamma-ray exposure group developed deeper lesions, usually occurring on the feet or neck, and characterised by wet desquamation

with ulceration. Mild atrophic changes were noted in about a year. Regrowth of hair started in about 9 weeks and was completed in about 6 months.

Haematological Observations

The degree of depression of peripheral cellular blood elements indicates that the most exposed group were probably within 50 r to 100 r of the level at which fatalities from total body radiation exposure occur. It is considered that the extensive hæmatological data collected allowed reasonably accurate patterns of the hæmatological response of human beings, exposed to single doses of penetrating radiation in the high sublethal range, to be made. Thus the total white count increases in the first two days and then decreases to normal level. Subsequent fluctuation occurs and then it stabilises. The neutrophile count varies with the total white count. A drop in lymphocytes is early and profound, with little or no evidence of recovery for several months or years. The platelet count, unlike the fluctuating total leucocyte count, falls in a regular fashion and reaches a low on the 30th day, but recovery may not be complete several months after exposure. "As an index of severity of exposure, particularly in the sublethal range, the total white or neutrophile counts are of limited usefulness because of wide fluctuations, and because several weeks may be required for maximum depression to become evident. The lymphocyte count is of more value in this regard, particularly in the low dose range, since depression occurs within hours of exposure." "Platelet counts show a regular pattern of change in the present studies, with the same time of maximum depression in all exposure groups and with the degree of depression roughly proportional to the calculated doses of gamma radiation. It appears therefore that the platelet count has considerable promise in the sublethal range as a convenient and relatively easy direct method of determination of the degree of exposure".

Internal Deposition of Radionuclides in Human Beings and Animals

Studies of animals provided data on the nature and distribution of the radionuclides in the tissues and in the excreta. 90 per cent. of the radio-activity in the body of animals exposed is localised in the skeleton. The pattern of deposition of the fission products (Sr 89 and Ba 140) on the skeleton shown in autoradiographs resembles that of the alkaline earths. Dr. Cronkite and his colleagues conclude that the internal distribution of fission products in the pig is representative of their distribution in human beings. Therapeutically, the administration of a combination of zirconium citrate and sodium EDTA increased the rate of excretion in the chick. In the 6-month period after the detonation, significant gross pathological changes could not be definitely ascribed to radiation in any of the exposed animals. "The level of internally deposited radioisotopes in the pigs from the Rongelap was ten times the amount in human beings from this area." This resulted from the prolonged stay of the animals in the areas contaminated by the detonation.

Effects of Kilo- and Megaton Explosions

A study is made of the problems associated with large-scale fall-out, especially as they affect the planning of future defence. They emphasize again the fact that the present study was that of a detonation close to the ground in circumstances which would be different for more densely populated areas of the world. The height of detonation, the weather, the presence or absence of water, all markedly influence the rate and extent of contamination by 'fall-out', as do the particle size and chemical nature of the material. Thus in this particular detonation the particulate nature of the fall-out of the material rendered it visible in many areas; but Dr. Cronkite emphasizes that the fall-out will not always be seen and that similar material to this study will be encountered only in limited areas of the world. Before considering the problems of fall-out associated with megaton weapons, we must remind ourselves of the standard effects of kiloton explosions (such as the 20 KT exploded at Hiroshima). Effects of neutrons and gamma radiation, of heat, and of blast, at the time of detonation, will be present of course in megaton explosions (as in Kititowo) and to a much greater degree. But in cities with substantial shelters, the percentage of casualties due to the primary effects of heat and blast at time of explosion might be less, and the precentage due to radiation might increase. The radiation hazard in kiloton explosions is due principally

to neutron and gamma radiations, which are both highly penetrating and will produce the acute total body radiation syndromes in man, but only within the radius where heat and blast are also almost uniformly fatal, except where protection is good. The ratio of neutron to gamma-ray contribution to the total effective dose of radiation of biological significance varies with weapon type. With most common shielding materials (earth and concrete) the relative neutron contribution to the total dose decreases with passage through these materials. Thus the same problems of blast, heat and radiation occur in the kiloton and megaton detonations, but the total area of distribution, instead of being 1-2 miles in diameter may be with megaton detonations several times as far (but note "several", not hundreds or thousands of times). Even more important, there is in addition, with megaton as with near-earth kiloton detonations, the problem of fall-out to be considered.

Significant fall-out can be expected only when the fire-ball comes into contact with the earth. The higher explosions result in small radio-active particles which ascend through atmosphere to stratosphere, and descend while degenerating over a period of days, weeks, and months, and over very wide areas. By this time a major part of their radioactivity has been degenerated without significant hazard. The fall-out in low level explosions comprises "a large contaminated plane emitting alpha, beta and penetrating gamma rays". It is apparent that most of this fall-out area is beyond the range of destruction effected by blast or heat, and in the fall-out area one is thus dealing with "essentially a 'pure' radiological situation".

As mentioned in the studies here the cigar-shaped zone was about 220 miles by 50 miles wide. The gamma radiations in this area of fall-out are penetrating and apparently produce the same injury as would be seen after initial radiation from kiloton weapons (assuming the patient were shielded from heat and blast). Diffuse penetrating radiation of the entire body results, and qualititatively the results are identical. Reproduced here is Table 61 from Dr. Cronkite :

Effects of Acute Total Body Irradiation on Human Beings :

50 r.	No casualties. No reduction in effectiveness.
100 r.	Two per cent. may be casualties (nausea and/or vomiting) for short period of time. No evacuation contemplated. No significant reduction in effectiveness.
150 r.	Twenty-five per cent. casualties in a few hours. First definite reduction in effectiveness. Fifty per cent. of the casualties in this group will have to be evacuated.
200 r.	All must be evacuated as soon as possible. Fifty per cent. will be non-effective.
300 r.	Approximately 20 per cent. deaths. All need evacuation immediately. All are non-effective.
450 r.	Fifty per cent. deaths.
over 650 r.	Lethal dose, but not necessarily for all so exposed.

The dose rate appears to have no effect; the same effect is given for a dose over a few seconds as for the same dose over a few hours; but there is a difference if the dosage is spread over days or weeks. Genetic changes apparently are dependent upon total dose and show little or no effect with dose rate. There are extensive beta lesions from the fall-out, but preventive steps can be taken to abate them.

Inhalation or absorption of fall-out material means the presence of internal emitters (which can be influenced by particle size and solubility). All possible precautions must be taken; even a cloth over the face is of some value, and sprinkling the air is effective in damping the dust. Soap and water will effectively remove most beta-particle contamination. It appears probable that warning of possible areas of fall-out will be available. Indeed the fall-out material may actually be

seen, as "snow" or "mist", but this will be uncertain. Certainly any shelter that may be taken can be expected to give partial protection from 'fall-out'. It should be noted that a basement would reduce the total exposure to gamma-ray fall-out to 1/10th of its total value.

Dr. Cronkite refers to the difficulty of estimating the individual exposure to gamma radiation at detonation or at fall-out. There is of course no known absolute sensitivity of man to radiation. Such variations as the exact position of the individual and the degree of shelter will not be known precisely. "The dosimetry devices record the dose or dose rate which may not reflect accurately" and these also vary from the deposition of energy at sites of interest, bone marrow and gastrointestinal tract. There is also the important influence of geometry of exposure on the effective dosage, *i.e.*, the Ld 50 for man. The planar geometry of fall-out is estimated to give a higher dosage rate at the centre of the body, than is the case with a linear exposure. This would indicate that the Ld 50 would be approximately 350 r for fall-out gamma radiation, which compares with the value most commonly quoted of 400-450 r. for linear radiations.

Dr. Cronkite points out that radiation injuries can be divided into three general classes :

(1) The Syndromes of Total Body Radiation produced by penetrating ionizing radiation to the whole body.

(2) Superficial Radiation Burns, produced by the deposition of radiations (beta particles and low-energy x- or gamma radiations).

(3) Internal Radiation Injury, produced by the deposition of radionuclides within the body, the clinical picture of which varies with the site and amount of deposition but includes leukæmia and bone sarcoma.

To these can be added genetic changes.

Syndromes of Total Body Radiation

This is today the generally accepted term for "Radiation Sickness" and "Diffuse Ionizing Illness". These are dose-dependent syndromes and comprise:

(1) The Central Nervous System Syndrome (C.N.S.S.). This occurs after very large doses, 9/6000 r or more. Death may occur experimentally under the beam from such doses, after convulsions and stupor.

(2) The Gastrointestinal Syndrome (G.I.S.), (this follows the C.N.S.S. if animal survives). It always occurs after 1500 r and this dosage is always fatal. The G.I.S. is characterised by nausea, vomiting, diarrhœa, and necrosis of mucosa of alimentary tract. The latent period of onsets is a guide to prognosis.

(3) Hæmopoietic Syndrome (H.S.) is not necessarily fatal. In dosages below 350-450 r, individuals exposed in the lethal range will not necessarily die. They can be divided according to symptoms into different groups with different prognosis. Survival is improbable if vomiting occurs at short duration after exposure. If the granulocyte count is consistently below 1000, prognosis is poor.

Survival is probable when nausea is fleeting, and when other effects are limited to hæmatological changes.

The well known adverse prognosis for combined total body radiation and superficial burns must be stressed. Death occurs in burns subject to sub-lethal gamma radiations when agranulocytosis is established, from invasive infection.

Treatment, in addition to general nursing, transfusions and antibiotics, is discussed. Dr. Cronkite notes the great experimental interest in post-exposure therapy, in the development of effective treatment by injection of splenic and bone marrow preparations.

With reference to the internal radiation hazard, certain chelating agents and compounds (such as EDTA and zirconium citrate) have shown considerable promise in preventing deposition of some fission products in the bones, and in accelerating their removal following deposition.

Dr. Cronkite concludes with emphasizing again that gamma radiation is by far the most serious hazard in the fall-out area. Beta radiation of skin in this fall-out area can be a problem in the absence of lethal dosage of gamma radiation. Although the skin lesions may begin late, they may be serious; but of obvious

importance is the consideration of simple effective counter-measures to beta fall-out (such as washing and sheltering). He also stresses the fact that the degree of internal contamination, from bone-seeking radioisotopes, should be relatively small. Indeed "the acute medical problems in the fall-out area will be concerned principally with total-body gamma exposure; some with beta irradiation of the skin".

I must emphasize that this account is much less a review, than an abstract of this most important monograph of Dr. Cronkite's. It is indeed largely a direct quotation. I would like to emphasize from the point of view of ordinary knowledge and language of an increasingly important modern medical subject, the use of the terms "Total Body Radiation Syndromes" and the concept that these comprise, in accordance with dose, the Central Nervous System Syndrome (C.N.S.S.), the Gastrointestinal Syndrome (G.I.S.), and the Hæmatological Syndrome (H.S.). These are "dose-determined" syndromes in accordance with total body dose of gamma radiation. It is also interesting to note that Dr. Cronkite and his co-authors imply that the medical problems associated with these megaton weapons are of manageable proportions—given adequate preparation and planning from self-help to group care and, one supposes, given a limit to the number of detonations at a time.

Since writing this account of Dr. Cronkite's monograph, my attention has been drawn to a review in the *New Statesman*, by Mr. Kingsley Martin, of Philip Toynbee's appeal for unilateral nuclear disarmament. Mr. Martin criticises remarks in support of the Archbishop of Canterbury made by Mr. Roy Harrod, and writes "More important, he (Mr. Harrod) does not know that apart from those killed by blast in the 1945 explosions (one thousandth of the size of a present H-bomb explosion) the 'fringe' of people who died slowly, taking days or months to die by radiation burning, amounted to tens of thousands. The pain of this death is the most terrible pain known to man". Mr. Martin is not a physicist, and is not a clinician. His eloquent judgment about what constitutes "the most terrible pain known to man" (made almost certainly without seeing a case) can be afforded such weight as it deserves. Has Mr. Martin bothered to read Dr. Cronkite's monograph, which is the only full and authoritative account in English of the only major human fall-out casualties to have yet occurred; or indeed has he read any of the many non-classified but authoritative medical accounts of the 1945 casualties and of their follow-ups ? Does he know that there were no human fall-out casualties after the high-level kiloton detonations in 1945 ? Does he even know that any persons who were near enough to the primary neutron and gamma-ray emissions of those kiloton detonations for these to cause "burns", were near enough to be instantly destroyed by heat and blast ?

Readers of Mr. Martin may recognise the sentences quoted as typical of his quality and sincerity. But the leaders of this disarmament campaign cannot expect support, which might otherwise be available to them, while they discuss this question at emotional levels without regard to the many authoritative clinical references on the known effects of kiloton and megaton detonations. They will find support for fear in these publications. This if skilfully exploited might enable the present campaign to do the harm that that of the Thirties did to the country.

NOTICE

GUY'S HOSPITAL LADIES' ASSOCIATION

A very successful Annual General Meeting of the Association was held last May. Mr. Blaikley was in the Chair and Mr. James Laver, Keeper of Prints and Drawings, Victoria and Albert Museum, was the Speaker. He gave a most stimulating address on "The Meaning of Fashion".

Mrs. Davys, a member of the Association, has very kindly given a locker to the Hospital in memory of her sister, Mrs. Butcher, who had loved and worked for the Association before her death.

Mrs. Cooper, a new member of the Association, organized a "Bring and Buy" Sale in aid of the Comforts Fund, which benefited by an amount of £6 14*s.* 6*d.* We very much appreciate Mrs. Cooper's effort on behalf of the Hospital.

CORRESPONDENCE

Letter to the Editor of the Gazette

Retirement of the Superintendent

From Mr. W. D. Doherty

SIR,—May I take advantage of your wide circulation to say 'Thank you' to all those people who, by their kindness and generosity, have helped to make the date of my retirement such a memorable occasion for my wife and myself.

I would especially like to thank all those members of the uniformed staff and the administrative, technical and other staff of the Hospital and School, my own Surgical Firm, the Sisters, the Residents, the Registrars and many individuals who contributed to the tangible expressions of good will which I received.

Lastly, I would like to thank all those Governors, members of the Medical and Surgical Staff of the Hospital and old Guy's men who contributed to the presentation made to me by Sir John Conybeare on their behalf. I shall hope, in due course, to write to the many whom I cannot thank personally, but in the meantime I must ask them to accept my sincere gratitude.

Yours etc.,

W. D. DOHERTY.

Forge Cottage,
Hogscross Lane,
Chipstead, Surrey.

Nursing as a Vocation

SIR,—Dr. Stalford in his letter did not make his points clear but one gathers that he thinks nurses no longer have a vocational attitude towards their work, that they no longer care if a hospital closes 50 beds for lack of nurses and that the elderly, no longer the responsibility of the family, are rotting in their beds.

I wonder if Dr. Stalford is one of those people who still regard nurses as machines to be summoned by a press-button to fulfill all the demands made upon their services, much as the Victorian domestics ? My reply to him would be as follows :—

Times and manners change and it is only when the supply fails the demand that we sit up to see what is wrong.

One cannot agree that the shortage of nurses is the fault of the nurses alone, but that the vocational 'willing horse' has been exploited. I suggest that nurses have worked and lived under conditions which would not have been tolerated by the noble profession which Dr. Stalford follows.

If a girl has a reasonable amount of maternal instinct, is public-spirited enough to have a conviction that to help her fellow creatures is her niche in life then she may become a nurse. Most girls will say they have wanted to do nursing all their eighteen years, and no arguments put forward by anxious parents and no vicissitudes will deter them.

The standard of education demanded by the larger teaching hospitals is that the prospective nurse should have passed her school leaving certificate in five subjects; English language and a science subject being compulsory. The standards of medical and nursing knowledge required by a nurse today have been likened to those needed by a medical student taking his conjoint !

We may well ask ourselves if we have not made our nurses into doctors' assistants, so that they are no longer the handmaidens of the patient.

Is it logical to ask her to so adjust her mind that she is happy to follow the lot of Sarah Gamp by undertaking domestic work when the supply of domestics fail, and to do the simple nursing of bedpans, washing patients, and rubbing the backs of the chronic sick, when the whole world with its professional attractions lies before her ?

Eliza Doolittle was not content to go back to her dustbins any more than you, Dr. Stalford, would rest content as a ward clerk all your days !

State-Enrolled Assistant Nurses, Nursing Auxiliaries, Ward Orderlies, etc., have been brought into being for nursing duties which do not require a high standard of education, but as yet the full implication of this has not been appreciated;

it is something which will have to be sorted out in its right perspective, and hospitals and nurses made aware of the needs of the whole country.

When we have educated our S.E.A.N.'s and N.A.'s beyond bedside nursing then perhaps we will import some Solomon Islanders to do the job, but I am happy to say I shall not be there to see it !

After thirty-one years of nursing I am counting the days to my retirement, not because I have lost the vocation of nursing, but because doctors do not appreciate that I must have time in which to *DO* my nursing.

Frustration is a bad medium in which to work.

Yours etc.,

M. S. GRIFFITH.

Guy's Hospital, S.E.1.

P.S.—I was interested to read about a family living a life of nightmare nursing one aged relative. There are many little eighteen-year-old nurses alone in a ward nursing thirty or forty such nightmares.

SIR,—What a lonely person Dr. Stalford must be. I suggest that he acquaints himself with the up-to-date services available to him and his patients in their own homes, in order to avoid the life of "nightmare" he describes. The Medical Officer of Health would supply all details with reference to District Nursing, Health Visiting, Home Helps, the Night Sitting-Up Service, and the Special Laundry Service, available in most areas to meet the needs of incontinent patients in their own homes.

It is most unfortunate that the patients in Horley, where hospital admission is limited, are obviously not receiving the benefit of these and many other excellent services, which, on request, can be so readily put into action.

Horley is by no means the only town where wards in hospitals have to be closed due to a lack of nurses. Where hospital admission is refused, and it is never refused in cases of emergency, I would point out that, instead of waiting for "senior members to amend the state of affairs", Dr. Stalford would be wise to take a little action himself. "Disrupted, unhappy households" are surely the results of inadequate planning by the general practitioner for the families concerned.

It would be interesting to learn more of Dr. Stalford's plan for the distribution of nurses in this country. I would remind him, however, that even a nurse has a free will to choose which hospital or district she would like to serve. As a member of the younger generation I would stress that a nurse is not first a useful machine deposited in a hospital ward of any hospital where a lack of staff prevails. She is surely a chosen individual called to the service of her fellow men, whether this is in hospital or in the homes or in other fields of this great and long-established profession.

Yours etc.,

J. ROTHERY,
Home Nurse/Midwife.

Oakwood,
Kirkburton, nr. Huddersfield.

SIR,—Do all nurses have a vocation ? Yes, but for what ? Have you noticed the numbers of nurses who wear engagement rings and the numbers of dazed but happy medical students and practitioners throughout the Hospital ? I wonder . . . !

Yours, also be-ringed but honest !

A NURSE.

Nurses' Home,
Guy's Hospital, S.E.1.

Papa Joue au Cricket

SIR,—Your last *Passim* contained a reference to the "Mann-Maclean/Boland-Baker-Houston" cricket match and an alleged claim by Dr. Maclean that his side have never been beaten.

I seem to recall that in what I believe was the first of these matches, in about 1952, Dr. Maclean's team, in spite of a fair sprinkling of self-acknowledged cricketers, was indeed beaten, and by a very reasonable margin.

It was during this match, under the bowling rules described, that Dr. Batty-Shaw propelled a ball, which had descended from a quite phenomenal height, directly backwards over the stumps, striking Dr. Maclean "right between the eyes".

A quick examination revealed that the pupils were equal but I fear that there would seem to be a persistent amnesia !

Yours etc.,

B. A. TUDGAY.

Belmont Surgery,
Wadhurst, Sussex.

Sixty Years Ago

SIR,—I was greatly thrilled on reading in the *Guy's Hospital Gazette* of 19th July, that it contained a reference to myself in the flash-back of Sixty Years Ago, for I was the unfortunate man who was 'pilled' by the Conjoint Board in Midwifery after getting 1st Class honours in the same subject at the final M.B. London examination in November, 1897. Prior to this I had been 'pilled' by the Conjoint Board in my first attempt to pass in Midwifery. After the M.B. examination I was appointed 'Charity', and had 6 externs under my supervision, and I, together with my externs, went up for the Conjoint examination, I for my second attempt, and they for their first. They all got through, but I was 'pilled' once more. A rumour quickly went round the Hospital that the very next day an examiner from Guy's riposted by pilling the best man from another hospital, but whether this was correct or not I do not know. Perhaps things are better managed now, and there may not be so much inter-hospital jealousy as I think there was then. I am happy to say that the 3rd time I faced up to "the old gentlemen on the Embankment", they graciously allowed me to pass.

If I may be allowed to reminisce a little more I would like to recount how the very first case I attended as a raw extern was the most puzzling from the point of diagnosis that I have ever had during my 53 years of private practice. I quickly diagnosed it as a breech presentation, but could not understand why my examining finger entered a bony V-shaped notch, which could not have been the fœtal pubic arch, for the V opened upwards and not downwards. When the baby was born the mystery was explained, for my finger had been probing the depths of a spina bifida.

In my days, six externs were on duty together, and took 'cards' which came in in rotation. Of course there was rivalry as to who would top the list. We instituted, or rather carried on a well-established practice of a horse race along the top of the panelling of the wainscoting round the externs room. My horse finished up the four weeks with 54 to its credit, but I did not lead the field !

I wonder if the ladies of the Borough are as prolific as they used to be !

Yours etc.,

WILLIAM T. MILTON.

29, Westmount Road,
Eltham, S.E.9.

Sixty Years Ago

From Guy's Hospital Gazette, 30th July, 1898.

In a flippant paragraph regarding the examinations in Midwifery at the College, which appeared in the *Gazette* last week, we did the College of Surgeons a great injury, so we are told, by casting upon them the burden of responsibility of the

chancy results of the aforesaid examinations. The responsibility lies, rather, with the College of Physicians. We hasten to apologise, and in fairness, must say that the treatment of men up for Surgery is always of the most courteous character. While talking of things surgical, however, we should advise senior members of our Surgical Staff to note any remarks on the diagnosis of congenital dislocation of both hips in the next number of the *Guyoscope*.

PEDAGOOGLY

Across the sky the glorious planets hum,
And blazing comet :
Spheroids traversing epigastrium,
Projectile vomit.
Lift up your fontanelle, no longer grieve
In hungry chorus ;
*Let L*wrie laugh and lovingly relieve*
Your tight pylorus.

GUY'S HOSPITAL REPORTS. Vol. 107. No. 2.

Editor : SIR RUSSELL BROCK, M.S.
Assistant Editor : J. C. HOUSTON, M.D.

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SPORT

RIFLE CLUB

For the 10th year in succession Guy's won the United Hospitals Cup at Bisley, beating St. Bartholomew's by a margin of 7 points. The Hospital 'B' team were placed 3rd.

'A' team scores :

K. M. Pilcher	98
K. A. Robertson	97
R. H. MacKeith	92
R. J. Heald	90

During the season, the Guy's Hospital Challenge Cup was won by R. J. Heald, with a score of 96, from R. H. MacKeith, with a score of 95.

The Donegall Badge was won by H. K. Kemp with a score of 94.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Assistant to the Director of the Department of Obstetrics** (half-time). The appointment will be for 1 year in the first instance, with duties from 1st October, 1958. The salary will be £975 x £50 to £1,375.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **12th August, 1958.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st October, 1958. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made by the **23rd August, 1958,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

APPOINTMENTS

The following Dental House Surgeon Appointments for the period August 8th, 1958, to February 7th, 1959, have been made by the House Committee :

General Duties: Mr. C. H. Wege, Miss W. J. Bray, Mr. A. W. Harris, Mr. M. S. Hinton.

Children's Dept.: Mr. W. A. A. Renner.

Prosthetics Dept.: Mr. J. N. Gray.

ROYAL SOCIETY OF MEDICINE

Officers

The following officers have been elected for 1958-59.

President: Sir Geoffrey Marshall.

Joint Hon. Secretary: Professor R. H. S. Thompson.

Joint Hon. Editor: Dr. E. C. Warner.

Honorary Fellow

Mr. L. R. Broster, has been elected honorary fellow of this society.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Fellowship

I. C. K. Mackenzie D. Stafford-Clark

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Hunterian Professor

A. G. Parks

Subject : Micro-anatomy of the Breast.

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Trinity Term, 1958

Pharmacology and Principles of Therapeutics

J. L. Lane

General Pathology and Bacteriology

S. R. Meadow

Medicine

J. Dodd Gillian M. Shaw

Surgery

J. Dodd Gillian M. Shaw

Midwifery

Gillian M. Shaw

UNIVERSITY OF LONDON

D.P.H.

P. G. W. A. Lommerse

CONJOINT BOARD

L.R.C.P., M.R.C.S.
Final Examination
July, 1958

Midwifery

B. A. O. Binns	R. G. Notley
J. C. Bull	P. G. Parry
*I. G. Christie	D. K. Payler
H. Dexter	P. E. Pearce
Mary L. Ellis	W. B. Pearce
Louise Gallagher	*J. N. Powell
A. E. Green	*R. J. Read
C. E. Harley	M. I. Reeve
J. G. Holmes-Smith	Margaret J. Roberts
R. B. Huddy	J. W. Rollins
Ann P. John	D. J. Smith
*I. N. L. Johnston	June M. Squire
B. N. C. Kempton	J. F. Steele-Perkins
Susan P. Kendall	A. J. Taylor
A. Kenyon	Winifred M. M. Tully
R. L. King	A. Vejjajiva
J. P. Lee-Potter	J. P. C. Voos
Hazel J. McFarlane	*W. F. Whimster
R. W. May	Jennifer A. Whitlock
H. J. Missen	J. Wolfle

Pathology

*I. G. Christie	A. Kenyon
P. R. Grob	Margaret J. Roberts
C. E. Harley	J. F. Steele-Perkins
W. Holms	P. T. Whitehead

Medicine

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B. A. O. Binns	C. M. Maddox
M. R. Boundy	R. W. May
J. S. Cameron	T. G. Nash
D. Davies	V. Promtatvethi
J. Farmer	*D. J. Richards
A. Gooding	M. D. Robson
P. R. Grob	M. D. Sanders
W. Holms	J. G. Sekabunga
Ann P. John	A. W. Sollom
*I. N. L. Johnston	A. F. Tredre
M. I. Leckie	A. Vejjajiva
O. C. Legg	P. T. Whitehead

Surgery

*R. C. Bret-Day	B. W. Maitland
*M. H. Brooke	*I. S. Muir
*F. T. Brough	*K. A. Olafimihan
*W. D. Callum	*B. Pitt-Payne
*I. G. Christie	*J. N. Powell
*P. W. Clements	*R. J. Read
*R. S. Greenwood	*A. B. Richards
*I. N. L. Johnston	*D. J. Richards
*L. Kwasny	*B. R. T. Smith
*C. M. Liassides	*W. F. Whimster

*Have completed the examination.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

POSITANO (Between Sorrento and Amalfi) delightful villa overlooking sea. Room, baths, breakfast, dinner, service, equiv. 25/- inclusive. Write: Amalia Cafiero, Positano, Salerno, Italy.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to **Gazette Office.**

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bensted, H. J. and another. Hydatid Complement-Fixation Test: Influence of Intermediate Host Protein on Specificity of Sheep Hydatid Fluid Antigen. *Brit. med. J.*, 1958, ii, 203.

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Conybeare E. T. Public Health Epidemiology and Preventive Medicine. *Medical Annual* 1958, p. 350.

Craft, Michael. An Evaluation of Treatment of Depressive Illness in a Day Hospital. *Lancet*, 1958, ii, 149.

Epstein, S. S. and another. Papilloma of the Larynx. A Clinico-Pathological Study. *J. Laryng*, 1958, **72**, 452.

Ernsting, J. and others. The Boiling of Tissue Fluids at Low Barometric Pressures. *J. Physiol.*, 1958, **142**, 50P.

Goulding, Roy. Antibiotics in Theory and Practice. *J. dent. Ass. S. Afr.*, 1958, **13**, 214.

Horton, R. E. Children's Diseases—Surgical. *Medical Annual*, 1958, p. 155.

Hume, K. M. and others. Outpatient Bronchodilator Therapy. *Brompton Hosp. Rep.*, 1958, **26**, 273.

Lorber, John. Primidone Treatment of Athetosis in Children. *Brit. med. J.*, 1958, ii, 208.

McCallum, R. I. and another. Pneumoconiosis of Coal-Miners in Three Northumbrian Collieries. *Brit. J. industr. Med.*, 1958, **15**, 178.

Mac Keith, R. C. The B.M.A. and the B.B.C. *Science and Film*, 1958, **7**, 27.

Marshall, Sir Geoffrey. Tudor Edwards: His Contribution to the Study of Diseases of the Chest. *Brompton Hosp. Rep.*, 1957, **26**, 1.

Mills, C. Peter and Sycamore, E. McK. Cholesteatoma of the Maxillary Antrum. *J. Laryng.*, 1958, **72**, 580.

Reading, Philip. Cholesteatoma Cyst of the Neck. *J. Laryng.*, 1958, **72**, 492.

Rees, R. J. W. and others. Multiplication of Rat-Leprosy Bacilli in Cultures of Rat Fibroblasts. *Lancet*, 1958, ii, 127.

CHANGES OF ADDRESS

W. D. Doherty, M.Ch., F.R.C.S., Forge Cottage, Hogscross Lane, Chipstead, Surrey.

D. C. Gill, M.B., B.S. Penhallick House, Carn Brea, Nr. Redruth, Cornwall. (Not nr. Camborne as previously announced).

H. P. Greenberg, M.B., B.S., D.P.M., Royal Prince Alfred Hospital, Medical Centre, 100, Carillon Avenue, Newtown, Sydney, N.S.W., Australia.

A. R. Phillips, Major R.A.M.C., 39th Field Ambulance, c/o G.P.O., Kuala Lumpur, Malaya.

P. S. B. Russell, M.B., B.S., D.R.C.O.G., The Outspan, 5, Watford Road, Croxley Green, Rickmansworth, Herts. (Tel. Rickmansworth 5737).

BIRTHS

HONE.—On 12th July, 1958, at Harpenden Memorial Hospital, to Pat. wife of Desmond Hone, L.D.S.R.C.S., a daughter (Susan Clare).

JOHNS.—On 22nd July, 1958, at Bowthorpe Maternity Hospital Wisbech, to Jean Ann (née Mason, S.R.N.), wife of Edwin T. Johns, M.B., B.S., D.R.C.O.G., a daughter (Karen Mary).

MORRANT.—On 1st July, 1958, at Mason's Hill, Bromley, Kent, to Molly, wife of Guy A. Morrant, B.D.S., D.D.S., a son (David Guy), a brother for Lois, Mary and John.

O'CONNELL.—On 30th June, 1958, at Canadian Memorial Hospital, Taplow, to Pamela (née Roberts), wife of Michael O'Connell, L.D.S.R.C.S., a sister for Andrew (Bridget Moyra).

PREYER.—On 17th May, 1958, at Thornhill Maternity Hospital, Elderslie, Renfrewshire, to Anne (née Long, S.R.N., S.C.M.), wife of Richard Preyer of Innsbruck, Austria, a son (Mark Richard).

SCRIVEN.—On 20th July, 1958, to Marion, wife of John Scriven, M.B., B.S., a son (Jonathan Mark).

SMITH.—On 21st June, 1958, to Sylvia (née Munford), wife of Thomas Smith, B.D.S., a daughter (Bridget Clare Haley), a sister for Graham.

WOLFSON.—On 1st July, 1958, at Dudley Road Hospital, Birmingham, to Nancy (née Eschelbacher, S.R.N.), wife of M. L. J. Wolfson, F.F.A., R.C.S., a daughter.

DEATHS

DAVIS.—On 12th July, 1958, at Malvern, in her 86th year, Florence K. R. Davis (née Evans, S.R.N.), Officer (Sister) of the Order of St. John. Guy's Hospital 1903-1905.

TAYLER.—On 12th June, 1958, at King's College Hospital, Dorothy Annie (née Opie) of Hillside, Dibden, Hants, aged 68 years.

EDS. J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1828 16*th August* 1958 *One Shilling*

PASSIM

Doing it by numbers

STATISTICS which startle are often repeated, and may argue a case so forcefully that it is accepted, without adequate attention being paid to the often more cogent reasons for rejecting it. This, we can only conclude, is the basis upon which the Ministry of Health has requested Queen Mary's Hospital for Children, Carshalton, to run down and close within a few months. Most of us were taken aback when we first heard that forty per cent. of all hospital beds are now devoted to mental illnesses, and paediatricians would be the last to deny that there are today not enough sick children to fill all the beds which were necessary for them a few years ago—this is, indeed, a claim they may proudly make. The Fountain Hospital, for mentally defective children, must be replaced; the necessary funds are not available; but the number of surplus beds in the south-eastern counties would suffice to re-house the Fountain's children; *ergo*, the Minister seems to conclude, why not abstract the requisite beds in one unit? Further, would it not be an excellent move simultaneously to fill the empty, scattered children's beds in the south-east with the children now in, for example, Queen Mary's Hospital?

Here is logic run riot. While the Minister must balance his arithmetic somehow, it is equally his responsibility to pursue policies designed for the best interests of the patients, and here he must act on the advice of the profession, which has been practising Medicine longer than has the Government, and may be presumed to have valuable experience to draw upon. The *Lancet*, a few weeks ago, made it very plain that sick children get better more surely and more happily in hospital units designed for sick children, staffed by men and women whose work is oriented upon the child. The policy of concentrating children in children's hospitals, large enough to be adequately specialized, is one which has received wholehearted support from the Royal College of Physicians, and has been brought before the public in the last week or two by means such as Mr. Denis Browne's letter in *The Times*. We are therefore happy to publish Dr. David Lawson's letter, appealing for support based upon an understanding of the position, and we urge, with him, that the Minister should take due note of the carefully considered advice now offered to him by the profession, and should constructively modify his paediatric policy, which at present smacks so strongly of *ad hoc* mathematics.

We announce with great pleasure the appointment of Dr. W. J. H. Butterfield, to the University Chair of Experimental Medicine tenable at Guy's Hospital Medical School, and we congratulate him most warmly. He is too familiar a figure for us to say "Welcome to Guy's", but we welcome his appointment, and look forward to the impact of his new department when it commences operation.

Among the list of officers of the Royal College of Obstetricians and Gynaecologists, we note with pleasure Mr. G. F. Gibberd's election as Vice-President of the College, and Mr. A. J. McNair's re-election as Honorary Librarian. We offer our congratulations to them both.

A certain amount of press publicity has recently been given to the sponsoring of two mental hospital patients as Out-Patients by a Socialist M.P., on a sort of probation scheme. So much publicity was given to the arrangement, and to the fact that the Member is a well-known critic of mental hospitals as a whole, that it is to be hoped that the business is not just a stunt. If it is, it is difficult to see what possible advantage can be gained from it. The difficulties faced by mental hospitals, with their overcrowding and gross shortage of staff, are already immense and likely to become greater still. Not least among them is the difficulty of selecting patients suitable for short-term Out-Patient trials who have home conditions at all possible for their accommodation. This difficulty is pinpointed nearly every week-end by the number of inmates discharged on a short ticket-of-leave, whose sponsors have let them down for one reason or another, and who come to the police stations, welfare offices and similar institutions with neither the means nor the ability to cope for themselves. It is important that criticism should be made only if there is a a genuine hope that it will effect an improvement.

We extend our deep sympathy to the widow of Mr. John Webb, night watchman on the site of New Guy's House, who died while on duty on 29th July. He was 55 years old.

Several generations of Guy's men will be sorry to hear that Mr. Johnston, Lecture Attendant in the Anatomy Theatre for some years, has retired upon reaching the age of 65 years. Mr. Johnston joined Guy's in 1941, and worked at first in the evacuated Medical School in Kent.

We had occasion to discuss Guy's a short while ago with a comparative stranger, whose loyalties happened to lie with another hospital. Anxious to gain an outsider's opinion, we asked him what his criticism of our hospital was. We got a favourable response but he said that the only thing he had to grumble about was the terrible smell of old and dirty dressings in the street outside the Out-Patients department. We eventually traced this to the hop warehouse. How we are maligned.

It was interesting to see the headlines "Bank Robbery at Guy's", but when we saw the scorched but intact (and in any case empty) safe in the Counting House last week, we could not envy the man who spent hours under a suitably opaque tarpaulin with an oxy-acetylene torch. He (or they), made an annoying mess of the place, and pocketed some paltry sums, but crime, it seems, like medicine, involves long hours of hard work with far too little certainty of adequate reward.

The sixty-first annual report of King Edward's Hospital Fund for London examines the causes of undue noise in hospitals. However long their list, we feel sure they have not met such an exceptional range of noises as we possess at Guy's. Who has not heard the to-and-fro murmur of the floor polisher beneath the bed ? Or watched the square-wheeled laundry trolley triumphantly sweep aside all opposition, as it leads its breathless postillions through *Victoria* at round-time ? Only rarely is there a change of repertoire, as when the workmen near Smith's bookshop started an impromptu concert the other day, five male voices being accompanied by a percussion section of three shovels on concrete, and the mellow *clunk* of sledge-hammer upon steel cement-mixer.

Congratulations to Mr. Robert Mummery, a Guy's dental student, who has won the Boyd Quaich trophy (open to competition by university students of all countries), in the golf tournament at St. Andrew's.

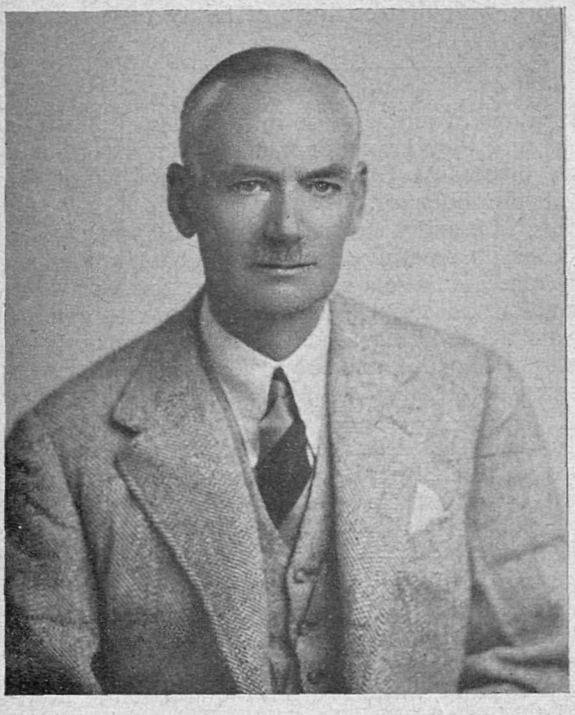
A gentle criticism appeared in our pages recently of the bold new "GENTLEMEN" notice erected in the park. Further thoughts in this direction have been stimulated by the excellent new lettering outside the York Clinic. If you will pardon an Americanism, this is "quite something". It shows a splendid advance from the apparently traditional form of Guy's lettering which really, in these days when sign painting is an art in itself, has little or nothing to recommend it. The notices we are used to, executed in black and beige, while executed with skill, are pompous and dated in design besides usually requiring a good scrub. It has been said that, without departing from dignity, London Transport have most nearly reached ideal letter proportions in their station names and it is remarkable how satisfactory they are. When Guy's most nearly approaches classic proportion, as is the case with the lettering at the bottom of the stairs in Out-Patients, the improvement is immediately obvious.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Post-operative Chest Complications.*
1st	M	1.00	Dr. Herman Beerman (Professor and Chairman of the Department of Dermatology, of the Graduate School of Medicine, University of Pennsylvania, U.S.A.). Clinical Lecture. *Sarcoidosis.*

KENNETH HOOPER, F.D.S., L.R.C.P., M.R.C.S.

The Dental Staff at Guy's cannot but feel the loss occasioned by the recent retirement of the Senior Dental Surgeon, Mr. Kenneth Hooper, after many years of devoted service.



Prior to entering Guy's as a dental student in 1919, Kenneth Hooper had a most distinguished period of military service. In 1913 he joined the Third East Lancashire Regiment (Special Reserve) and was mobilised at the outbreak of hostilities in August 1914, when he went to France as a member of the First Expeditionary Force. He was wounded at Le Cateau on August 26th during the retreat from Mons, and was then taken prisoner of war. In 1917 he escaped from the prison camp at Augustabad in Mecklenberg, in company with a well known Q.C. and another prisoner. They picked up a sailing boat and using table cloths as sails, hoped to elude their captors. But bad luck dogged them and their boat drifted on to a minefield in the Baltic—their improvised sails were destroyed and they were recaptured by a German patrol boat after seventeen days of freedom. In January, 1918, he was exchanged for a German prisoner and went to Holland, returning home after the cessation of hostilities.

After these adventures, it speaks highly for his tenacity of purpose that Kenneth Hooper settled down to student life. After a distinguished undergraduate career he obtained the L.D.S. Diploma in 1922. Many will remember his keenness on sport. He played hockey for Beckenham and Kent, and also for the Guy's team when they won the cup in 1923. A low handicap made him a welcome member of the Guy's golf team, of which he was captain in 1922. In his professional life he has been equally successful—being appointed an Assistant House Surgeon and later a House Surgeon. During the years 1923-1931 he was a part-time demonstrator of Operative

Dental Surgery, and many practitioners remember with gratitude the excellent instruction which he gave them in this important subject. A further honour was conferred upon him when he was appointed an honorary Assistant Dental Surgeon to the Hospital in 1931. It was at this stage that he realised how invaluable a medical qualification would be to him and there can be few who would have gone back and combined a Consultant Dental appointment with the career of a medical student. This he did—obtaining his Conjoint Diploma in 1935. He rapidly made his mark as a teacher and expectations were fulfilled when he took over the lectureship in Dental Materia Medica in 1935, which post he held until his retirement. He became a full Dental Surgeon to the Hospital in 1948. In 1948 the College of Surgeons conferred the diploma of Fellowship in Dental Surgery upon him in recognition of his distinguished professional career.

Kenneth Hooper loves his work and his association with Guy's has always been a matter of great pride to him. His interests are many—his knowledge of antique silver is outstanding and his interest in heraldry is a stimulus to those who share it with him. He is a member of the Coachworkers' Company—his son has recently become the fourth generation of the Hooper family to be honoured by such membership.

We shall remember the examples which he has always set—kindness and gentleness are the keynotes of his life. We wish him a long and happy retirement when he moves to his new home in the country. We hope to see both Kenneth Hooper and his wife at the various functions connected with the Hospital, and we are delighted that the Board of Governors has appointed him Consulting Dental Surgeon Emeritus.

F.S.W.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 3rd OCTOBER, 1958, at 7.0 p.m. for 7.30 p.m. Dress—Dinner Jacket. Mr. W. D. Doherty, M.Ch., F.R.C.S., will preside. Over 400 came to the dinner in 1956 and it is hoped that this year there will be a record attendance.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1 10*s*.) as soon as possible to N. L. Eckhoff, Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1 (Telephone Hop 3500, Extension 383).

A list of acceptances received to date will be given in the next issue of the *Gazette*.

STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals borrowed from the Wills Library would return them without delay for checking purposes during stocktaking.

Borrowers, engaged on work of a special nature, may retain their volumes for a further period without inconvenience to themselves by renewing the loan on cancellation of the existing record.

ARTICULATION OF CONSONANTS

By H. St. JOHN RUMSEY, M.A.

Difficulties in the accurate articulation of the consonants in general and the explosives in particular may be temporary, as while adapting the new dentures, etc., or they may be permanent, as in the case of cleft palate or other permanent disability. Today operation for cleft palate can generally be performed before a wrong speech pattern has become established, but cases of temporary difficulty are with us in plenty, and they can be dealt with effectively and quickly if the true position of the consonant in the structure of speech is recognised.

All speech and song consists of two main factors, first, phonation, the production of vocal tone by the vibrations of the vocal chords in the larynx; second, the moulding and shaping of this flow of vocal tone into enunciated vowels and consonants by complicated muscular movements of the mouth. Eight of the thirteen simple vowels are formed by gradually raising the blade of the tongue so as to diminish the resonating air space above it. These eight vowels are heard in the following sentence—*Ah, but Bert had then fame in-deed ;* their pitches of resonance constitute a musical octave, rising from AR to EE. There are five more simple vowels with lower pitches of resonance ; they are formed chiefly by gradual protrusion of the lips, the whole range of the thirteen simple vowels is heard in—*Fools would hope for yon stars but Bert had then fame in-deed.*

The difficulty in vowel formation lies in the fact that their accuracy depends on the exact degree of raising or lowering the blade of the tongue and accounts for their many inaccuracies and variants, but they do not cause the articulatory difficulties experienced with the consonants which depend on more complicated muscular movements for their enunciation.

The chief hindrance to mastery of the consonants is a failure to grasp their true character. By derivation *consonant* means *sounding-with;* they are speech elements that must be *sounded with* or combined with other speech elements and these are, of course, the vowels and, even more important, the vocal tone, which is the *raw material* of all speech and song. The truth of this was brought home to us older speech therapists forty years ago when cleft-palate cases were met with frequently; without exception they all sang better than they spoke, because when singing phonation had priority and, being continuous, compelled the consonants to be *sounded with* the vocal factor.

When a temporary difficulty is experienced in the articulation of the consonants while adapting to a new denture, the tendency is to make too much effort in articulation, thus isolating the consonants instead of sounding them with the vowels and vocal tone. It is this isolation that constitutes the real difficulty, and the tendency to do it was increased by generations of the old school of elocutionists who thought consonants were improved by being exaggerated, overlooking the fact that forced consonants interfere with the rhythm and musical quality of speech.

Comparison with violin playing may help. The violinist produces a general musical sound by bowing with his right hand, but he controls the pitch and time value of the notes by moving the fingers of his left hand up and down the fret board; the combination of the two is what makes the music. The fountain pen illustrates similar co-ordination—the ink in the pen is the raw material of writing but it is the movements of the hand that turns the ink into letters, words and sentences. Similarly in speech, vocal tone produced in the larynx, vowel formation with the blade of the tongue and consonant articulation with the back, tip and sides of the tongue, the teeth and lips must combine to produce balanced speech.

We take fluent speech for granted and forget the complicated and rapid movements required; analysis of a short sentence will give some idea of what is necessary for fluent speech. "What a pity it is that people do not take more trouble to speak clearly and distinctly". That sentence spoken slowly takes five seconds. It contains seventeen words or twenty-three syllables, but it entails sixty muscular adjustments, that is, twelve per second. It is not surprising that the loss of a front tooth or a new denture upsets speech control temporarily, but the immediate improvement gained by more use of vocal tone has to be heard to be believed. The simple advice to "sing it out" takes away much of that unnecessary stress in the consonant articulation and will give the patient confidence. Forcing consonants not only distorts them but it is quite unnecessary, as is proved by the ventriloquist, whose consonants are clear although made with the minimum of exterior facial movement.

"What I Tell You Three Times is True" *

Scientific Propaganda

By A. J. BRON, B.Sc.

"What I tell you three times is true" said the Bellman.

No wonder the Beaver 'outgrabe in despair,' for the Beaver was, at heart, a scientist, pure and simple. Not, as he would admit, that he had a particularly scientific upbringing, nor was his mathematical education of the highest calibre, but what he did possess was a highly developed critical faculty, and this it was which told him that if the original statement lacked veracity the mere repetition thereof would only serve to emphasise its inaccuracy to all and sundry.

"No" he said to himself, "Two wrongs don't make a right, and even if they do a third one will only swing the pendulum over to the other side again."

"It must be television," thought the Beaver. "I knew no good would come of it. Propaganda and poppycock ! If I've seen those advertisements once I've seen them three times .... Three times ? " The Beaver tried hard to remember what he'd been thinking of a moment before.

"They're trying to break down my critical faculty ! " He said this almost out loud. He was very proud of his critical faculty, but like most people he didn't choose to use it too often. "After all I can't use it all the time, it's getting a little worn as it is. I don't mind using it when something is said once, and maybe perhaps if it is said twice. But when it comes to the third time, I begin to lose interest. That's when all those lies creep into my Unconscious .... "

He began to feel a little drowsy.

"What was it about the mere repetition of words that makes one start to believe them ? Maybe it was something like a conditioned reflex. The more times the stimulus was repeated the better chance there was of establishing an association between the unconditioned and the conditioning stimulus. That must be the basis of memory. Memory, on the other hand, must be the basis of belief, for if the fact is not remembered then it cannot be believed. But then, it can't be disbelieved either." The Beaver was beginning to perspire.

"What were those experiments that Grey Walter had performed ? He'd set some subjects a number of consecutive simple problems which followed one after the other, each problem requiring a simple decision. He found that his relatively unintelligent subject was always influenced in making his decision by the result of the previous problem. Since there was no regular relationship between the problems he got a number of them wrong. The intelligent subject, however, was able to give his full attention to each problem as it appeared. The result was, that he got a far larger proportion of problems right than his colleague. The first subject was constantly trying to find an association between the data he received. So was the second subject—only he realised, as the experiment proceeded, that this procedure was only serving to hinder him and so he determined to take each problem as it came without reference to the previous one. Dr. Grey Walter had concluded that the mind acted like a scanning device. Every piece of information entering the brain was rapidly 'screened' and compared with previous information. It was as if the constant activity or aim of the mind was toward relationships and associations, both within the incoming data and between it and previous, memorised data."

"The brain," said the Beaver ponderously, "is always looking for confirmation." The Beaver thought of all the scientific papers he'd read (and they were indeed numerous.) "Yes, it's true. Those things that hide under the name 'references' are just 'confirmation' in disguise. And the more 'confirmations' there are the more easily the careless reader is lulled into belief, even before he's read them."

"And the more reliable the source of the reference, then the greater the apparent 'confirmation,' " mused the Beaver. "The bigger the lie the better they'll believe it" said a guttural voice that seemed to ooze out of the ground. The Beaver moved away a few yards.

"It all begins to make sense. The more the Bellman repeats what he has to say then the more easily the unwary will believe him. Each separate utterance is taken to be a confirmation of the previous one." The Beaver began to hum a little jingle which he had just made up:

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*Lewis Carroll. *The Hunting of the Snark.*

" *Once for attention*
Twice for retention
And three times for confirmation and belief."

He would most certainly have to be careful of what the Bellman said in the future. The man was a dictator, a propagandist .... Meanwhile the Butcher had been getting under way and had just about finished his latest soliloquy.

"..... *The proof is complete, If only I've stated it thrice.*"

"Proof !" mumbled the Beaver. "Pah !"

Sixty Years Ago

From Guy's Hospital Gazette, 20th August, 1898.

Dr. Preston Miller, of Washington, during a tour in Europe, has been contributing a series of letters to the New York Medical Record, in some of which he comments on London Hospitals, including Guy's, and these remarks have been quoted in last week's "Hospital".

He is apparently not at all impressed with gynæcology at Guy's, and finds many things antiquated and to his mind unjustifiable, as for example open fireplaces in the operating rooms, which are "prolific of more smoke than heat" ; the fact that an operating room at Guy's has a floor of wide boards of soft wood, and contains "considerable furniture", and pictures, etc., on the walls. There is another note to the effect that, "The surgeons in London, like those of Paris, wear long finger nails, and like their French neighbours operate in dullingly cold rooms".

CORRESPONDENCE

Letters to the Editor of the Gazette

Queen Mary's Hospital, Carshalton

SIR,—As is now fairly well known, the Ministry of Health and Regional Board have recently proposed the closure within months of Queen Mary's Hospital for Children, Carshalton, so that they may transfer to the site the Fountain Hospital for Mentally Defective Children at Tooting, the capital for the rebuilding of which on an already selected site is not immediately available.

This proposal was put forward without any discussion of the pædiatric principles involved, or of the effects upon children's nurses' training or the education of children in hospital. This is somewhat surprising as Queen Mary's currently trains 15 per cent. of the nurses who annually enter the special Children's Register of the General Nursing Council, and as the Hospital School with its 40 trained teachers contains 5 per cent. of the whole country's hospital beds, and is the largest hospital school maintained by the Ministry of Education.

Queen Mary's is the only children's hospital in the south of England which provides a complete range of services from neonatal surgery to the care of the permanently disabled child. In 1957 over half the children in hospital at any one time were "longstay cases", but 82 per cent. of the 4,300 discharged during the year had been in hospital for less than two months. 520 of these children (12.2 per cent.) were under the age of a year at discharge and 1222 (28.4 per cent.) were between the ages of 1 and 5 years.

The Management Committee and staff were quick to see that not only the proposal itself, but even more clearly the way in which it was presented, was a threat not only to the future of the largest general children's hospital in the south of England, but also to the continued existence of all large children's hospitals. The proposal certainly implies that the Minister would be quite content to solve the problem of the present overprovision of children's beds at the expense solely of those institutions where children can be best nursed and cared for, where alone children's nurses can be trained in the special care of the sick child, and where alone educational services can be efficiently provided.

A campaign has therefore been started to mobilise the widest public support at all levels, both lay and professional, for a demand that the Minister not only

withdraw the present proposal, but that he publicly declare a policy in keeping with the best professional advice on the subject available to him.

If the Minister were merely to withdraw the proposal, or miraculously to find £2m. in the other pocket for the Fountain rebuilding, neither Queen Mary's nor any other children's hospital would be safe for long, as the whole process could be started again in a few months' time with a different but equally irrelevant excuse.

Queen Mary's is well-known to Guy's men, and my colleagues here and I have much enjoyed the stimulus of teaching your students for the week which they spend resident with us as a part of their pædiatric training.

We hope that we shall have your informed support in the campaign which is only just beginning and of which the following are the objects:—

> "To persuade the Ministry of Health and Regional Board to consider seriously the proposal that pædiatric services in this area should be concentrated on Queen Mary's by closing the small children's wards in general hospitals, by admitting all acute infectious diseases of childhood to Queen Mary's instead of to fever hospitals, and by discouraging except under exceptional circumstances the admission of children under the age of 16 to adult wards.
>
> Further, to use this situation to persuade the Minister to accept the policy advocated by the Royal College of Physicians and by the Editor of the *Lancet*, of concentrating children's services in children's hospitals wherever these are available, and to declare that he will so plan the future development of the Health Service as to enable this ideal to be steadily approached in other parts of the country as time goes by."

Unless this policy is followed other children's hospitals may be closed one by one for reasons similarly unconnected with pædiatric policy. Children's nursing will then cease to exist as a specialty, sick children will cease to be nursed under the ideal conditions which can be obtained only in a large general children's hospital, there will be no training schools for children's nurses in which the children's ward sisters of the future may be trained, and the efficient education of children in hospital will become an impossibility throughout the country.

After this policy has been implemented, it will be possible to find out how many of the 700 beds at Queen Mary's are in fact no longer needed for pædiatric purposes. It would be irresponsible to guess at the extent of Queen Mary's excess capacity before these figures are known. When they are known, however, there will be no local objection to the excess buildings and land being used for other hospital purposes.

Yours etc.,

DAVID LAWSON, M.D., M.R.C.P.,

Physician Superintendent and Consultant Paediatrician.

Queen Mary's Hospital for Children.
Carshalton, Surrey.

Nursing as a Vocation

SIR,—Dr. Stalford made your nurse correspondents cross by talking about 'old-fashioned barriers' and snobbery, and by blaming the nursing profession for the shortage of nurses. Indignation made them somewhat brusque and brisk in their replies, and without entering into the main argument, I would like to take up a few points in these replies.

Although I agree with most of what Sister Griffiths said, I think she is unsympathetic towards the difficulties of nursing in the home. To me it is quite understandable that forty old men should behave admirably for an eighteen-year-old nurse who has the hospital facilities and the hospital authority to back her; but 'Dad' in his own home may be quite unmanageable. Also her remark about "the lot of Sarah Gamp doing simple nursing of bedpans, washing . . ." etc., was an ungracious comment on the work of the thousands of nurses who make just this sort of thing their vocation and who are certainly not 'Sarah Gamps'.

Nurse Rothery is a bit optimistic about what a phone call to the local M.O.H. will do. The services she mentions are seldom a complete solution and may not exist at all in the place where they are required. For instance, Home Helps—a permissible service only—have nothing to do with home nursing; laundry service, far from universal; night sitters-up, very expensive and hard to find; district nurses can give at most one hour out of the twenty-four to each patient. But, also many cases are complicated by emotional family problems—perhaps a wife whose husband asks her to choose between her aged relative, and himself and the children. These cases just have not got slick solutions.

It makes me equally cross, both when the doctors blame the nurses, and when the nurses fail to appreciate the difficulties of the family and the family doctors.

Yours etc.,

M. O'CALLAGHAN,
Health Visitor.

William Gull Ward,
Guy's Hospital, S.E.1.

SIR,—Let us be clear about what we are discussing. The issue is; there is a shortage of nurses; there is a quite astonishing wastage from recruits who quit the service; the public suffers from the lack of nurses; leaders of the medical and allied professions treat the problem not from the point of view that the system should be adapted to fit modern conditions but vice-versa.

Let us here pose a question. If it is not the conditions of present-day nursing which drive-away young people then what is it ? Is there any other trade, industry or profession of similar vital importance with a comparable record of wastage ?

Qualifications for entering industry are, nowadays, no less high than those for entering nursing but far from there being a lack of recruits to technical grades of engineering, printing, designing, etc., there is fierce competition and a surplus of applicants for the available places.

I would suggest that the whole system of nursing needs drastic overhaul; that the hours (48+ compared with office-workers' 40 and manual workers' 44) need reorganizing; that overtime rates, Sunday and Public Holiday rates should be paid; that the attitude towards discipline should be brought into line with modern practice; that the question of nightwork and of study needs to be removed to the level tolerable in other callings.

I have no space here to expand on the other changes needed, but the whole point of my letter was to draw attention to the fact that not only does the argument on "vocation" nursing evade the issue, not only has it flattered and deceived generations of nurses into becoming underpaid, if defensively-professional drudges, but it has robbed the public of freely-available labour.

Let us, at last, recognise these facts and remove the argument to the plane where we demand for nursing what is not refused for Industry. Let us, above all, cease pious nonsense that begs the question.

Yours etc.,

D. D. STALFORD.

P.S.—My own qualification is not in medicine but in dental surgery.

Carlton,
Bonehurst Road,
Horley, Surrey.

This correspondence is now closed.—EDITOR.

PEDAGOOGLY—II.

Jack and Jill at nursery schools
Pass pale, offensive, bulky stools.
Jack has sweat that's far too salty ;
Gluten tolerance ?—Jill's is faulty.
Remember fibrocystic Jack
Will fall before Jill coeliac.

S.

REVIEWS

Eye Surgery. By H. B. STALLARD. 3rd Edition; viii+899 pp. with 671 illustrations. Bristol: John Wright & Sons Ltd. 1958. *Price* 95*s.*

This edition of Stallard's well known treatise on Ophthalmic Surgery contains over 200 more pages than the second edition; it is a better balanced book than its predecessor, and very much better than was the first edition. Plastic Surgery still occupies a fifth of the space—an expression of the author's familiar thesis that the ophthalmic surgeon must continue to defend his territory from the inroads of the plastic general surgeon, with which most of the former would agree. However, the section has been condensed and shortened and the book is larger, and better balanced as a result. Chapter II on anæsthesia has been rewritten, and the section on Keratoplasty brought up to date. Acrylic intraocular implants are discussed; the subject is treated with the greatest reserve, which is very wise in a textbook, and represents an attitude which most would approve. The treatment of intraocular neoplasms by radioactive substances—a speciality of the author's—is considered in greater detail. The failure of the semi-buried socket implants after en-nucleation has led to a fuller treatment of the buried types.

The arrangement of the book is largely on an anatomical basis; the sclera is put in with the retina since most scleral surgery is directed to the relief of a retinal condition. In the consideration of Capsulotomy and Capsulo-iridotomy one would have expected mention of the fine scissors which have recently been introduced and have so facilitated these manœuvres; there is also a set of knives for division of anterior synechiæ, recently described, which is valuable and deserves mention. In the section on glaucoma surgery considerable space is naturally given to the author's "combined" operation for chronic simple glaucoma, which gives excellent results in his hands. His enthusiasm for the trephine operation is luke-warm; one of the main causes of failure of the operation lies in the technique which Stallard describes for preparation of the trephine site. The guiding principle here should be the avoidance of subsequent fibrosis; if the dissection of the conjunctival flap is carried out as he describes and particularly if "heated probes" play any part in the manœuvre, fibrosis is encouraged and a higher percentage of non-draining trephines will result. The success of the operation depends enormously on technique.

One cannot avoid mentioning the constant reiteration of "Jayle's forceps" in the list of instruments required. They even figure in the list for dacryocystorhinostomy; elsewhere "the tendon of the superior rectus is grasped" with them, etc. Your reviewer has frequently advised theatre sisters on this point; these fine forceps should never be provided for such operations, especially for the relatively inexperienced, nor put to such uses, or inevitably they will be spoilt for the delicate tasks for which they were designed, and will fail one at a critical and much more important moment.

These criticisms indicate interest and not disapproval. This is an excellent book, carefully written and well produced, of value to all practising or hoping to practise ophthalmic surgery. Its great merit lies in its personal origin. Though alternative procedures are given notice, the techniques are largely those which the author has found most suitable, in some cases with his own modifications. This makes the book much more valuable than a mere catalogue could be, which incidentally is already available elsewhere. F.W.L.

Young Children in Hospital. By JAMES ROBERTSON. Tavistock Publications, London, 1958. Pp. XIV and 103. *Price* 4*s.* 6*d.*

James Robertson is the irrepressible champion of the child in hospital. He and his colleagues at the Tavistock Clinic have been campaigning intensively since 1952 with books, films, pamphlets and broadcasts. The publication of the present volume coincides with the release of Mr. Robertson's new film, "Going to Hospital with Mother".

If there are any who are not yet familiar with this important work, they should read this book. It will give them a lucid and readable account of the emotional disturbances which may arise when under-fours are admitted to hospital and some suggestions as to how they may be mitigated. There is a pleasant amalgam of child psychiatry and that rare quality, common sense.

The book, marred only by typographical errors on pp. 25 and 54, is modestly produced in station-bookstall form and is graced with a foreword by Dr. Mac Keith. R.W.S.

High Arterial Pressure. By F. N. SMIRK, M.D., F.R C.P, F.R.A.C.P. E. & S. Livingstone Ltd. 764 pages. *Price* 75*s.*

This book is a vast scholarly work on every aspect of hypertension. As a reference book it is ideal, for it is crammed with interesting facts on incidence, ecology, ætiology and renal disease. The index is good and over two thousand references are quoted.

In spite of the great detail, students should read the introduction, for it is full of common sense. Excellent is the test on fundamental principles of therapy which emphasizes the need to treat the patients' symptoms and spend time on simple basic remedies such as rest and altering an unsuitable way of life. The chapter on those loosely used terms, atherosclerosis and arteriosclerosis, is short, and clarifies their meaning and association with hypertension. Appendix 4, the clinical record form used in the author's clinic, is a useful summary of the important features of the hypertension syndrome, as Dr. Smirk prefers to regard it.

Despite his preferences based on considerable careful observations, the author fairly and fully reviews all available methods of treatment. Dr. Smirk spends much time on recording 'basal' blood pressure and on this bases his management and assessment. Rightly, he points out the pitfalls of the casual blood pressure reading, but his intensive methods of recording true basal pressures are not practical in most centres where the problem of raised blood pressure is very common.

Smirk favours the use of ganglion-blocking agents in more severe cases and his results are encouraging, but his regime is full time for both treater and the treated.

Although work on ætiology, experimental hypertension and renal disease is fully presented, discussion and conclusion are not clear. One feels that occasional summaries following such mammoth collections of facts would be helpful as the text lacks economy of words. The physiology of blood pressure regulation is presented confusingly and clinical features are poorly described. One is anxious, when reading the suggestion of using intravenous hexamethonium bromide, to differentiate between cardiac and bronchial asthma.

After reading this encyclopædia on high arterial pressure and being encouraged by Dr. Smirk's enthusiasm for treatment, it may be thought that the problem of hypertension is solved. Unfortunately this is not so as the author honestly admits.

J.S.

Textbook of Histology for Medical Students. By E. E. HEWER. Edited by C. L. FOSTER. William Heinemann, 1957. *Price* 27*s.* 6*d.*

This well-known student textbook has now reached its seventh edition since its original publication in 1937. Since that time, the frontiers of histology have expanded greatly as the result of the introduction of many new techniques and instruments. The electron microscope, the phase-contrast microscope, histochemical and autoradiographic techniques, to mention but a few, have all allowed us to understand more about the tissues and cells of the body and a much more dynamic approach to the subject is now widespread. However, it is still necessary for the student to have a basic knowledge of tissue structure. This new edition features recent information on the structure of the liver, illustrated by a three-dimensional diagram. There is also some new material relating to the hypophysis and connective tissues. The book remains profusely illustrated with an average of one figure per page. The photomicrographs are good, as are many of the line-drawings. However, several are frankly rather too sketchy and whilst students should be encouraged to draw what they see down a microscope, some of the drawings do not set too high an example.

One could have perhaps wished that the student could have been made a little more aware of the exciting possibilities of the field by the inclusion of more than one electron micrograph (whose legend incidentally contains "exocrime" as a misprint for "exocrine") and by more examples from the realm of histochemistry.

A feature which should appeal to teachers of histopathology is the inclusion of two short chapters devoted to the elements of defence mechanisms of the body and to the phenomena of inflammation and repair. There is also a very useful appendix devoted to histological methods.

It is published at a very reasonable price and may be regarded as a very useful introduction to histology for medical students.

J.P.B.

Textbook of Gynaecology. By JOHN I. BREWER, B.S., M.D., Ph.D. Baillière, Tindall & Cox. 2nd Edition, 1958. *Price* £6.

The second edition of this textbook has, like its predecessor, the aim of teaching gynæcology from the standpoint of symptoms and pelvic findings, thus allowing a more realistic approach to the subject. The contents are arranged in two parts, the first being concerned with the clinical manifestations and symptomatology of gynæcological disease, classified chronologically according to the stage of development, childhood, maturity and senescence. Part II is devoted to a consideration of the major disease entities and their treatment, and includes some of the lesser known lesions.

The text has been completely revised and brought up to date with the addition of several new chapters. The style is pleasantly didactic without being dogmatic and the more controversial points are discussed objectively. Particularly well done are the chapters on embryology and physiology, although it may be felt that sixty-eight pages on endocrinology, much of which relates to steroid chemistry, is disproportionately long in a book of this size. The illustrations, although not numerous, have been chosen with care and are of a uniformly high standard, being clearly printed on thick glossy paper.

Although written primarily for the medical student it is considerably more advanced than the standard required for this, and a serious drawback is the price which will place it beyond the means of those for whom it was written.

A.McN.

The Principles of Therapeutics. By HAROLD BURN, M.A., M.D., F.R.S. Professor of Pharmacology, University of Oxford. Blackwell Scientific Publications, Oxford. 1957. *Price* 27*s*. 6*d*.

This book covers the lectures on Pharmacology and the Principles of Therapeutics which are given to medical students at Oxford. Professor Burn is an international authority and has made important contributions to many aspects of pharmacology. When he is, as it were, batting on the home wicket and writing on subjects of which he has intimate knowledge and which often contain many of his original observations, he is both stimulating and informative. When he is on less familiar ground, the information becomes rather thin and in places perhaps controversial.

In short this book is not suitable as a routine students' textbook in pharmacology and therapeutics. It is, however, a book which could be read and enjoyed with great advantage by students and by practising physicians, who will find in it many interesting and thought-provoking facts and ideas.

J.R.T.

An Introduction to Functional Anatomy. By DAVID SINCLAIR, M.A. (Oxford), M.D. (St Andrews). Oxford: Blackwell Scientific Publications. 1957. Pp. 426, illustrated. *Price* 42*s*.

Professor Sinclair has solved the problem of integrating anatomy and physiology by writing his book at three levels. Part I has a structural and functional approach to tissues and systems and Part II a largely functional treatment of aspects of the body as a whole. Part III headed "Topographic Anatomy" is concerned with the functional anatomy of the regions, excluding splanchnology and the central nervous system, which are covered in Part I.

This arrangement is eminently successful, making for interesting reading and a logical progression of study. The illustrations are on the whole of a high standard, but one must deplore Fig. 25 derived from Le Gros Clark's "Tissues of the Body". This shows a nerve fibre looking like a string of sausages. The author would have done well to have used the original caption which points out that the distance between nodes is relatively greater than the diagram indicates. Descriptions are clear and have sometimes been rendered clearer by inaccuracies which are, however, of little importance to the intended reader.

The book has been written round the syllabus of the Association of Occupational Therapists and as such can be strongly recommended to candidates for their examination and also to physiotherapists whose examination requirements are similar. It is not recommended for medical students or for medical auxiliaries, (*e.g.* orthoptists), whose syllabus is more closely related to that of the State Preliminary Examination, and requires "more than a nodding acquaintance with the alimentary and genito-urinary systems".

C.P.W.-S.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for the appointment of whole-time **Research Fellow in the Cardiac Department** of Guy's Hospital, to work primarily on the problems of heart disease, with special reference to surgical treatment. The work would include the clinical aspects of these problems, and previous clinical experience and a higher qualification would be an advantage. Salary within the range £935 to £1,210 per annum, according to qualifications and experience. The appointment would be for one year, commencing not later than 1st October, 1958. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, by the **23rd August, 1958.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar** (mid-grade) in the **Department of Dermatology**, with duties from 1st October, 1958, until 30th September, 1959, in the first instance. It is desirable that applicants should be in possession of the M.R.C.P.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **21st August, 1958.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Applications are invited for the post of **Non-Resident Senior House Officer** in the **Casualty Department** for six morning sessions weekly. The successful candidate would be expected to reside locally. The appointment is for six months from 1st October, 1958. Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **29th August, 1958.**

APPOINTMENTS

UNIVERSITY OF LONDON

Chair of Experimental Medicine

Dr. W. J. H. Butterfield has been appointed to the University Chair of Experimental Medicine tenable at Guy's Hospital Medical School.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Officers

Mr. A. J. McNair has been re-elected Hon. Librarian and Mr. G. F. Gibberd has been elected Vice-President of this college.

GUY'S HOSPITAL HOUSE APPOINTMENTS

1ST SEPTEMBER, 1958

Assistant House Surgeons

To:

Mr. Blackburn	Mr. L. Kwasny
Mr. Lawrie	Mr. J. N. Powell
Mr. Glover	Mr. G. M. Davies

Appointed for 6 *months the first* 3 *as A.H.S.*

Mr. Brain — Mr. P. A. Robson
3 *months*

Assistant House Physicians

To:

Dr. Douthwaite and Dr. Hardwick — Mr. P. W. Clements

Dr. Boland, Dr. Baker and Dr. Houston — Mr. W. D. Callum

Dr. Hampson and Dr. Kauntze — Mr. D. J. Richards

Dr. Mann, Dr. MacLean and Dr. Bishop — Mr. R. J. Read

Appointed for 6 *months the first* 3 *as A.H.P.*

Casualty Officers

Mr. J. F. R. Adams, Mr. M. K. Dunstan, Mr. R. W. Elsdon-Dew, Miss J. L. McNair, Mr. J. G. Wright — 3 *months*

House Surgeons

To:

Mr. Massie — Mr. G. R. Peachey
6 *months*

Mr. Eckhoff — Mr. R. R. Cox
3 *months*

Mr. Atkins — Mr. H. C. Evans
6 *months*

Mr. Wass — Mr. S. J. Lam
3 *months*

House Physicians

To:

Dr. Douthwaite and Dr. Hardwick — Mr. J. A. Parsons
6 *months*

Dr. Boland, Dr. Baker and Dr. Houston — Mr. P. W. James
6 *months*

Dr. Hampson and Dr. Kauntze — Mr. M. A. H. Russell
3 *months*

Dr. Mann, Dr. MacLean and Dr. Bishop — Mr. A. Bowyer
3 *months*

Resident Obstetricians

1. 5.58—31.10.58	Mr. J. B. S. Cumberbatch
1. 7.58—31.12.58	Mr. R. D. Smith
1. 9.58—28. 2.59	Mr. P. G. Hickson
1.11.58—30. 4.59	Miss R. M. Harrison-Bloom

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. F. B. Coleman — Mr. B. A. Ross
3 *months*

Throat and Ear and Ophthalmic House Surgeons

Mr. A. B. Richards
3 *months at Guy's followed by* 3 *months at New Cross* (*E.N.T.*)

Mr. J. S. G. Hayes
3 *months at New Cross*

Dermatological House Physician

25.7.58—24.1.59 Miss M. E. Broughton

Genito-Urinary House Surgeon

Mr. T. M. Bull — 3 *months*

Neurological House Physician

Mr. A. J. Membrey — 6 *months*

House Surgeon to the Thoracic Unit

Mr. R. M. Clark — 3 *months*

Children's House Physicians
Mr. N. A. Harker 3 *months*
Miss A. T. Piesowicz 6 *months*

Children's House Surgeon at the Evelina Hospital
Mr. J. Hellewell 3 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. J. R. Allan 3 *months*
Mr. A. J. Taylor 6 *months*

Resident Anaesthetists
1. 6.58—30.11.58 Mr. D. S. Robertson
1. 9.58—28. 2.59 Mr. B. R. P. Murray
1. 9.58—28. 2.59 Mr. J. S. M. Zorab (S.H.O.)

Temporary appointment for three months from
11.8.58 Mr. R. W. Hall (S.H.O.)
1.6.58—30.11.58 Mr. E. Phillips (S.H.O.)
New Cross

R.M.Os. in Nuffield House
1. 6.58—30.11.58 Mr. D. G. Yetman
1. 7.58—31.12.58 Mr. J. K. L. Jones

House Physicians in the York Clinic (S.H.O.)
1.10.58—31. 3.59 Mr. M. H. de Groot
1.10.58—31. 3.59 Mr. B. M. Groden

LEWISHAM HOSPITAL

House Surgeon
Mr. W. F. Whimster

House Physician
Mr. F. T. Brough

NEW CROSS HOSPITAL

House Physician (S.H.O.)
Deferred

House Surgeon (General Duties)
Mr. M. H. Brooke

PEMBURY HOSPITAL

House Surgeon
Mr. E. P. Brooks

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. E. O. Sofowora

GUY'S HOSPITAL MEDICAL SCHOOL

Leonard Lubbock Prize for Clinical Pathology
July, 1958

The following award has been made :

B. S. Meldrum—Prize

PASS LIST

UNIVERSITY OF LONDON

M.D.
July, 1958
J. B. Morrison

M.D. Part I
July, 1958
P. S. Elias

Academic Postgraduate Diploma in Public Health
June, 1958
P. G. W. A. Lommerse

Special Second Examination for Medical Degrees
June/July, 1958

Penelope J. E. Cave	Doreen M. Miller
Marcella A. Chamberlain	F. G. M. Musleh
Ann G. Creighton	P. O. Older
P. Curtis	B. J. D. Peatfield
I. T. Field	D. C. A. Picton
Mary Gillett	D. E. Rees
J. H. Grime	J. M. Robertson
D. L. Hall	J. M. I. Simpson
S. Haynes	D. T. M. Smith
C. J. Hughes	A. P. Staz
N. E. Jensen	D. L. Stevens
J. J. Kimerling	M. D. Steyn
S. J. L. King	R. Tanner
L. S. W. Ko	R. C. Wales
Rita F. Leigh	Jillian M. Wandless
	L. J. F. Youlten

Third (B.D.S.) Examination in Dental Surgery
June, 1958

Pass

Helen A. Akiwumi	R. G. James
Wendy J. Bray	D. T. H. Lloyd
E. N. Daver	A.-H. Noll
M. A. Gillon	J. S. Partridge
G. W. Hackett	K. Redford
A. W. Harris	W. A. A. Renner
M. S. Hinton	I. W. Scantlebury
C. Howard	C. H. Wege

Part I

J. P. Balfe	B. Matthews
S. C. Crocker	A. C. Pritchard
T. W. Cutress	J. D. Pullan
Mary P. Gamble	R. J. Rose
T. M. A. Heesom	J. R. Salter
J. A. Howard	Pauline F. Scotrick
C. E. M. Lamb	Pauline E. Shaw
W. T. Lamb	J. R. Skippen
M. J. Lewis	D. G. Stone
M. L. Maberley	R. Tomalin
C. S. Mackenzie	B. J. West

Part II

Madeleine V. Armour	Marcela L. Kodicek
G. F. de Silva	T. A. T. Kolb
M. J. Dredge	M. Mahendra
B. N. Goode	D. S. Roberts
J. L. Humphrey	I. Rosenthal
Jill Joslin	G. L. E. Savy

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

July, 1958

S/Ldr. D. James	C. Keith Simpson
J. L. Reed	K. J. Zilkha
H. H. Shawdon	

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

July, 1958

Anatomy and Physiology

C. Ashworth	J. L. Schaeman
P. A. Chamberlain	J. F. Sharp
E. M. Hoskins	K. A. Sutcliffe
M. J. Iles	Jane E. Taylor
D. A. Leighton-Goodall	W. T. Treadwell
J. J. Ostrowski	A. G. Wallace
J. D. R. Parkholm	R. V. Westlake
R. I. Richardson	J. R. White

Special Anatomy and Physiology

C. Ashworth
R. W. W. Betts
A. P. Buirski
G. W. Cooke
C. R. Darracott
P. J. Haworth
E. M. Hoskins
M. J. Iles
D. A. Leighton-Goodall
J. J. Mather
A. Owen
J. D. O. Parkholm
R. H. Pearce
R. I. Richardson
J. F. Sharp
Sandra M. Stubbs
J. D. Taylor
Jane E. Taylor
H. W. Thomas
W. T. Treadwell
M. L. Uren
A. G. Wallace
J. R. White

CONJOINT BOARD

D.A.

R. H. Robinson — R. O. Selby

D.I.H.

P. G. W. A. Lommerse

D.L.O.

R. M. C. Butler — P. C. Leeson

D.M.R.D.

J. A. D. Briggs

D.M.R.T.

G. A. L. G. Glazebrook

D.P.H.

J. T. Cecil

L.R.C.P., M.R.C.S.
July, 1958
Medicine
*E. H. Osborn-Smith

*Has completed the examination.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

M.R.C.O.G.

J. H. Peters — Dorothy J. Whitney
W. M. E. Tweed

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1958

Surgery

*H. Hunt

*Has completed the examination.

NURSING NEWS

State Examinations June, 1958

The following Nurses have passed the Final State examination :—

Adams, P. R.
Bell, M. A.
Bennett, N. F.
Beswick, A. L.
Bryan, P. E.
Budd, H. M.
Caldwell, M.
Campion, J. C.
Cannon, M. G.
Carrington, H. P.
Cox, M. E.
Dawes, E. V.
Dean, J. M.
Fairbairn, J.
Girdlestone, M. A.
Griffin, M. E.
Hanvey, A.
Harper, D. M.
Hodgson, M. A.
Jones, K. M.
Killilea, B.
Lane, C. L.
Mahon, H. M.
Manning, G.
Marsh, D. S.
Minter, B. D.
Norris, M. W.
Pearson, D. L.
Plummer, M. J.
Rake, A. M.
Rees, D. L.
Rimmer, O. M.
Rugg, S. M.
Schemel, D. M.
Sellicks, M. G.
Shannon, D. M.
Thornton, P. M.
Williams, E. V.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Gurassa, W. P. and another. An Investigation of the Rosenow Antibody Antigen Skin Reaction on Schizophrenia. *J. Neurol. Neurosurg. Psychiat.*, 1958, **21**, 141.

Laws, John O. The Position of Pathology Today. *Med. Pr.*, 1958, **240**, 755.

Lorber, John. Intracranial Calcification Following Tuberculous Meningitis in Children. *Amer. Rev. Tuberc.*, 1958, **78**, 38.

Lorber, John. Massive Disseminated Intracranial Calcification Following "Serous Tuberculous Meningitis. *Amer. Rev. Tuberc.*, 1958, **78**, 101.

Oliver, Leslie. Brain Abscess. *Practitioner*, 1958, **181**, 191.

Staz, J. South African Dental News. *Dent. Mag. Lond.*, 1958, **75**, 87.

Steel, F. L. D. and another. The "Carrying Angle" in Man. *J. Anat.*, 1958, **92**, 315.

Thomas, G. T. and another. Prevention of Rheumatic Fever Recurrences. *Brit. med. J.*, 1958, ii, 350.

Tibbs, D. J. and another. Apparatus for Remote Injection in Radiodiagnostic Procedures. *Lancet*, 1958, i, 1158.

Trethowan, W. H. and another. Resolution of Chlorpromazine Jaundice without withdrawal of the Drug. *Med. J. Aust.*, 1958, i, 568.

Tomkinson, John S. Hospital Reports. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 506.

Warwick, Roger. Frederick Wood Jones and the Spirit of Anatomy. *Manchester Univ. Med. Sch. Gaz.*, 1958, **37**, 135.

Wedgwood, John. Incomplete Rupture of the Ascending Aorta with Secondary Aneurysm. *Brit. Heart J.*, 1958, **20**, 427.

Windsley, Henry and others. Studies in Myasthenia Gravis. *Arch. intern. Med.*, 1958, **102**, 72.

CHANGES OF ADDRESS

Miss J. E. Brett, M.B., B.Chir., D.A., c/o Dept. of Anaesthesia, University of California, Medical Centre, Los Angeles, 24, California, U.S.A.

P. B. Counsell, M.S., F.R.C.S., c/o Bermuda Medical Associates, Russell Eve Building, Hamilton, Bermuda.

M. C. Gilbert, F.R.C.S., Flint House, Puddingmoor, Beccles, Suffolk. (Tel. Beccles 3036).

R. I. Henry, M.B., B.S., D.Obst.R.C.O.G., "Winters", 111, Main Road, Hockley, Essex.

D. A. Montgomery, M.B., B.S., Officers Mess, R.A.F. Episkopi, Cyprus, B.F.P.O., 53.

S. Paul, M.R.C.S., L.R.C.P., D.T.M.&H., Laylock House, Broadclyst, Devon.

A. R. H. Worssam, M.R.C.P., Pickdick, Stubbs Lane, Brede, Rye, Sussex. (Tel. Brede 332).

BIRTHS

BOWES.—On 26th July, 1958, at Guy's Hospital to EvElyn (née Irwin), wife of J. F. Boews, L.D.S.R.C.S., a son (Robert John).

HERRING.—On 1st July, 1958, at Farnborough Hospital, Kent to Evelyn (née Knaggs, S.R.N.), wife of Brian Herring, a daughter (Sandra Elizabeth).

MONTGOMERY.—On 29th June, 1958, at R.A.F. Hospital, Akrotiri, Cyprus to Maureen (née Dawes, S.R.N.), wife of David Montgomery, M.B., B.S., a daughter (Sarah).

EDS. { J.A.W. / T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1829 30*th August* 1958 *One Shilling*

PASSIM

RENEWED interest in the effect of tobacco and city pollution on the ætiology of cancer seems to be an annual event now. Despite loud objections to statistical accuracy on the part of some American tobacco firms, the evidence submitted to the International Cancer Conference is so well duplicated as to seem irrefutable. Anything which leads to greater understanding of this terrible problem must be looked at honestly and with courage and, in this case, given the fullest publicity. The responsibility of the press is a heavy one; it is to present the figures and facts without exaggeration and without bias. The public must be acquainted with the dangers they run, the methods they can adopt to prevent them, and the opinions of authentic experts, well reported and omitting nothing. In the same way the opinions of those experts must be exceedingly carefully thought out and presented.

It is true to say that the general public are daily having medicine more thrust upon them; wireless, television and newspapers all reserve a good deal of time and energy to the subject and, on the whole, present it fairly and in a reasonably digestible form. Naturally most interest will always be raised by such illnesses as cancer which have a dramatic and often tragic implication. In the United States, and less so on the Continent, public awareness of this, as other, aspects of medicine is far more acute; it has even been said that "you are socially nobody" in parts of America unless you have cancer. In France, where fashion is perhaps more important than medicine, a new disease is *de rigeur* every season; the latest is "coli-bacillose". The merits of personal and national awareness of possible pathology are obvious; a healthy, unfrightened outlook may theoretically be engendered, and the stimulus given to early discovery and positive research is a very real one. But there are casualties in every system and cancerphobias are exceedingly dangerous; they lead to misery, despair, complete moral and physical breakdown and frequently to suicide.

In this country we are at the turning point. The United States, and Russia to a lesser extent, have chosen the path of open discussion, negation of fear and, almost yearly, complete "check-ups". Here in Britain we still have a population who, by and large, have a childlike trust in doctors; who believe what they are told because they are prepared to let the doctors do the worrying. It is difficult to believe that, however much a lay person knew about cancer, he would be any more reassured by a complete investigation once the seed of doubt had been sown. The cure for cancer can be only just round the corner; it is better to stay as we are with the doctors doing the worrying and only a very small minority of "cancerphobic patients".

Mr. Guy Blackburn has kindly drawn our attention to the following extract from *Time*, 17th March, 1958:

"How Big Was Your Tumor?

Physicians and surgeons are supposedly trained in accurate measurements, but in Indianapolis hospital records Dr. Frederic W. Taylor found these descriptions of excised tumors:

Egg, small egg, duck egg, goose egg, guinea egg, robin's egg, pigeon egg, quail egg, small pullet's egg, banty egg; walnut, English walnut, hulled walnut, hull of walnut, pecan acorn, unhulled walnut; grain of corn, few grains of maize, bean, navy bean, pea, lentil seed, soup bean; orange, small orange, lemon, small lemon, lime, grapefruit, half grape, melon, dried prune, stuffed olive; dollar, dime, nickel, quarter, half a dollar, dollar and a half; saucer, dinner plate; pencil point, BB shot; third of a baseball, football-sized mass, volley ball; fist, hand, thumb, child's fist, man's head, baby's head."

The transatlantic traffic between Guy's and American medical and dental institutions is reasonably free and balanced among senior qualified men, but we have often wished that the same applied to students and the newly qualified, especially as we have had the pleasure of entertaining this summer some of the finest ambassadors that the United States could wish for. It is pleasant, then, to record the initiative of Messrs. Trevor Jenkins and Roger Cumming, two qualified dentists who have blazed a welcome trail for adventurous souls, in arranging to work for some months at the Guggenheim Clinic in New York. We look forward to publishing some of their impressions of the scene in future issues of the *Gazette*.

It has come to our ears, out of the horse's mouth, that Guy's has rather a poor reputation among the local police stations for helpfulness. Although we are told there has been some improvement lately the hospital is still low on the list. It would be interesting to have suggestions as to the possible reason for this; is it because forensic medicine, being well taught here, leads to a natural fear of saying anything at all? Or is it because in some way we have come to share and sympathize with our Southwark and Bermondsey patients' inbred horror of being seen talking to a policeman?

In a recent dream, we overheard this conversation on the ninth floor of New Guy's House, about thirty years from now.

1st V.I.P. "What's that ruined building with the blank windows and the corrugated-iron roof?"

2nd V.I.P. "That's the College."

1st V.I.P. "Oh."

Now that the barricades are down in Great Maze Pond, the No Parking rule is once more being enforced on a 24-hour basis. It appears that the police take this matter rather seriously and, since this is so, it would be as well to respect their feelings.

We congratulate Professor Thomas McKeown upon his election to the Fellowship of the Royal College of Physicians.

The thinned ranks of August are now filling again, as most holiday-makers return to the fray. The third August *Gazette* bows us into the busier stretches of the year, and we again urge that clubs and societies which report their deeds in these pages, should renew their intention to send in their reports by 9 a.m. on Monday morning, in the week of issue, typed or legibly written on one side of the paper. All contributions and letters for publication should be addressed to the Gazette Office, Guy's Hospital, S.E.1.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Post-operative Chest Complications.*
1st	M	1.00	Dr. Herman Beerman (Professor and Chairman of the Department of Dermatology of the Graduate School of Medicine, University of Pennsylvania, U.S.A. Clinical Lecture. *Sarcoidosis.*
13th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

OBITUARIES

DAME JOANNA CRUICKSHANK, D.B.E.

Dame Joanna Cruickshank, D.B.E., has died at the age of 82. She received her training at Guy's and subsequently served as sister in the Lady Minto Nursing Association and later in the Queen Alexandra Indian Military Nursing Service.

In October, 1918, she was appointed matron of Princess Mary's Royal Air Force Nursing Service, and a year later became its first Matron-in-Chief, thereby becoming responsible for the whole of the organization of the Royal Air Force Nursing Service. After her retirement in 1930 she took a keen interest in Red Cross activities and was for several years vice-president of the Hertfordshire branch. In September, 1938, she was chosen to succeed Mrs. Rome as Matron-in-Chief of the British Red Cross Society. On the outbreak of war she was appointed Matron-in-Chief, War Organization of the B.R.C.S. and the Order of St. John of Jerusalem. Ill-health, however, obliged her to resign both posts in 1940.

For her work in the First World War she was awarded the Royal Red Cross, first class, in 1919. She was made C.B.E. in 1927 and advanced to D.B.E. in 1931.

HERBERT MELBOURNE BERNCASTLE, M.R.C.S., L.R.C.P.

We announce with deep regret the recent death, in his 92nd year, of Dr. Herbert Berncastle, one of the oldest living Guy's men and a recent contributor to the *Gazette*. He had a lively mind and took a keen interest in the affairs of his Hospital, so that he is mourned by friends of many succeeding generations.

KENNETH WELDON GOADBY, *K.B.E.*, M.R.C.S., D.P.H.

Sir Kenneth Goadby was a student of Guy's Hospital who qualified L.D.S. in 1896 and L.R.C.P., M.R.C.S in 1900; he then took the D.P.H. (Camb.) in 1901. For some time he worked with the bacteriologist Professor Eyre at Guy's, and in 1904 became Lecturer in Bacteriology in what was the National Dental Hospital. He made many contributions to the literature, the most important being his book on 'The Diseases of the Mouth and Oral Mucous Membrane', of which the 3rd edition was published in 1927. The Royal College of Surgeons awarded the John Tomes Prize to him in 1902, he was Erasmus Wilson Lecturer in 1907 and Hunterian Professor in 1911. He made important reports to the Home Office, especially on such subjects as phosphorus poisoning, and for this work he was awarded the K.B.E. Personally, he was a friendly and stimulating man and a keen golfer. F.N.D.

Sixty Years Ago

From Guy's Hospital Gazette, 10th September 1898.

Chinese Surgery in the last Century

In order to set the brain he next bound my head with a band drawn tight by two men, who held the ends while he struck the intermediate part vigorously with a piece of wood, which gave me dreadful pain. Another operation was performed during which he made me, stripped to the waist, walk in the open air supported by two persons, and while thus walking he unexpectidly threw a bowl of freezing cold water over my breast. As this caused me to draw my breath with great vehemence, and as my chest had been injured by my fall, it may be easily imagined what were my sufferings under this infliction . . . The surgeon informed me that if any rib had been dislocated this sudden and hard breathing would restore it to its natural position.

EDITORS' NOTE, 1958. We put forward the above as possibly useful techniques for Front Surgery. Doubtless Sister could arrange for a nurse to clean up the resulting mess.

CARDIAC PEDAGOOGLIES

"An engine driver I would be",
Said Johnny with a V.S.D.
Even though his dream came true
Johnny looks a trifle blue.
He isn't open to correction,
He's shunting in the wrong direction.

Little boy blue, you comfortably squat,
Your right heart strains but your left does not,
The sheep's in the meadow, your lung fields are clear,
*And you'll enter B*ock's zoo as a Fallot, dear.*

Machinery within my chest
Once held continuous revel,
*Now B*ain my ductus has compressed,*
And exorcised the devil!

Coeur en sabot means Fallot?
No, by heaven, it does not!
If it's truly boot-shaped, seize yer
Chance and bet on pulm. atresia.

THE CASE OF WILLIAM SHAKESPEARE

By H. ST.H. VERTUE

I

IN dark green bottles of slender beauty, vitreous Circes, a nectarous beverage is stored that all men of taste should know. Their labels bear the legend "Berncastler Doctor Spatlese, der 1st der beste Doctor" ; and there he is the noble fellow, extending his hand towards the cellarman, who, kneeling before a tun, proffers to a patient a goblet that is going to do him good; and round this edifying scene are bowls of roses and clusters of the gadding vine. This wine demands the undivided attention of the drinker; direct therefore that it be drunk with simple, not sapid fare; and be sure to put to the proof yourself the medicine that you would recommend to others, making certain that you chose a good year. The poetry of water-drinkers, says Horace, is unpleasing and short-lived, but the sweet Muses are redolent of the grape; and who should know better than he ? Thus with wine and wisdom doubly warmed and doubly fortified, I took down a portrait of Shakespeare that hangs among my books and examined it with zest; for now the time had come, it seemed, to probe the mystery of the bard.

The portrait is an engraving "drawn from the original in the possession of Robert Keck of the Inner Temple Esqr." and it bears the date 1719. The engraver, whose surname is the same as my own, was so carried away by his subject that he improvised a cadenza.

SHAKESPEARE ! such thoughts inimitable shine,
Drest in thy Words, thy Fancy seems Divine ;
'Tis Nature's Mirrour, where she views each Grace,
And all the various Features of her Face.

Precisely so, my dear George; and the engraving itself marks you down for what no doubt you were, a man of enthusiasm and a man of discernment. As for myself, your modern namesake, it is my chosen lot to gaze into the faces of uncounted human beings, hear their stories, note their behaviour and arrive at some opinion before I examine them. It would indeed be a confession of failure if I did not by now claim to be tolerably adept at this art. Let me therefore add mine to yours, the iatric to the englyptic, and together we shall arrive at the satisfactory solution of two questions that have puzzled mankind rather strangely. How comes it that this Shakespeare is *the* Shakespeare ? For what reason did he abandon his art, retire and then die ?

In this admirable portrait the face of Shakespeare has a good oval shape, achieved by the gentle curve of the jaws and by the doming of the ample forehead, where the frontal lobes of genius have room. The hair, receding slightly, emphasizes the lofty brow, and growing luxuriantly about the ears, compensates the rather narrow jaws. In the finest vintage poetry a faint aroma of femininity is not unacceptable as part of the bouquet; and here it is in the beautiful oval of the face. The eyes of Shakespeare are kind and merry and look at you frankly. The mouth of Shakespeare is his greatest beauty. Straight and firm throughout most of its length, it turns down a little at the corners, as though ready to break into a smile; and in the middle the lower lip springs into fulness and is slightly everted, as though in expectation. Sweet lips of Shakespeare, you were made for laughter and you were made for love !

O mistress mine where are you roaming ?
O, stay and hear; your true love's coming,
That can sing both high and low :
Trip no further, pretty sweeting ;
Journeys end in lover's meeting,
Every wise man's son doth know.

What is love ? 'tis not hereafter ;
Present mirth hath present laughter ;
What's to come is still unsure :
In delay there lies no plenty ;
Then come kiss me, sweet and twenty,
Youth's a stuff will not endure.

Sweet lips of Shakespeare, you were made for kisses too !

I doubt not that George Vertue penetrated to the true Shakespeare ! The original that he used, now called the Chandos portrait, is too melancholy and soft; and the lively and delightful man of this engraving is likely to be nearer the truth. The Chandos portrait, formerly the property of Sir William d'Avenant, Shakespeare's godson, had unquestioned authority in his day and has much to recommend it still, though its history is too long to go into here ; whereas the other representations hardly help us at all. The bust at Stratford might be meant for a pursy alderman; and as for the mean little man of Droeshout's crude engraving, one had better follow Ben Jonson there "and look not on his picture but his book."—The fact is that if Vertue does not give us a notion of what Shakespeare was like, then we have no notion.

Father Liber, thou upon whom a poet came remote in rocky hills, teaching the willing nymphs while goat-footed Satyrs pricked attentive ears, aid me ! Fill my breast with sacred joy and admit me to thy wisdom too. Tempering with the warmth of my right hand the blended sweet and sour of the Sercial Madeira, in hue like Phaedra's locks of chestnut gold and more reviving than the breath of Aura, I once more contemplate the portrait. 'Tis true, I see. Here, be the details right or wrong, is the man Shakespeare.

Having now a good notion of what Shakespeare was like, a notion of a very pleasant gentleman, fond of pleasure but vigorous of purpose, of a firm will tempered with sweetness and sensibility, enamoured of beauty and a lover of love, shrewd, humorous and above all amiable, we may proceed to take the history. The facts about his early life are a commonplace of literature, as Sainsbury says. Such are his birth at Stratford-on-Avon, his solid middle-class heritage and his education at the grammar school. At the age of eighteen a grave misfortune befell him. He had experienced the phenomenon inelegantly called "calf-love", which falls about thus. Before he goes in quest of the girl who shall be his match in ripeness, a youth may take one last look at his mother; and as he turns away from the source of his life and the inspiration of his love, his eye may light upon a woman older than himself, for whom he burns ardently. There is nothing strange or wrong here, especially if it be a poet, whose heart is a sanctuary for the mother-goddess. But in this case a pregnancy followed and extraordinary precautions were taken to see that the eighteen-year-old boy should be married to the woman, who was eight years older than himself, precautions that show how reluctant he was. He endured his chains for three years, then broke away. Shakespeare, like the gallants of Mr. Priestley's Bruddersford, had "got caught" ; but he did not pass out of his old life to push a perambulator, as they did, even a metaphorical one, but to join the players when they came to Stratford and in their company to seek better fortune and a larger life in London. He had got himself into a hole, assisted by some well directed pushes; and by decisive action he had got himself out again. So, gallant and gay, the young poet went forth to his destiny.

Just when the sails were filling with the last airs of the Renaissance, I stept aboard (let me mention), leaving Mr. Bernard Shaw on the sands to declaim upon the superiority of Teutonic windbags and the merits of the Middle Ages. Shakespears (better still !) sailed away upon the full breeze and never knew the Puritan counter-revolution. He was wafted to a richer, freer, happier world, where well-being was the goal and the arts and the philosophies the guide, and where choice not direction governed the affairs of men. "Mihi res, non me rebus, subiungere conor," I mean to yolk the world to myself, not myself to the world. To such men the art that takes first place is the art of living, the others, however valuable,

being means to an end. Therefore Shakespeare cultivated his literary art for the good of his soul, for the sunshine of success and for pure delight, not with any notion of a mission. He was not a high-brow. He was not addicted to any silly notions about snobbery. He understood that good breeding is good education in the widest sense and that it helps to the full enjoyment of life. Nor was he taken in by humbug about the merits of poverty. "I cannot live sweetly without living prudently, beautifully and justly" is a maxim of Epicurus; and to live beautifully in poverty is exceedingly difficult. These things being so, Shakespeare set before himself the laudable design of living like a gentleman, turning his eyes in the right direction to learn the best way of doing it. Remember that in Elizabeth's reign the middle class had not attained to the power and position that it held under Victoria and that it was towards the upper class that he necessarily turned his gaze. Yet simple though all this seems, serious-minded persons are troubled, because neither the facts of Shakespeare's life nor the nature of his ambitions are in accordance with what they expect of a great poet. "Others abide our question. Thou art free", opens the sonnet of Matthew Arnold, who admits in effect that Shakespeare baffles him. Sublime is the image that we find there of the poet beyond the clouds, enthroned above the reach of human eye; but there is nothing to recommend most of the idealized versions of Shakespeare, and it is but just to Bernard Shaw to record that we do owe him something there. As for the bizarre notion that Shakespeare was an impostor, whose plays were written by some one else, I will not waste time on it.

The actors invited young Shakespeare to write plays for them, and with due regard to the box-office required the kinds that were enjoying contemporary success. Among them the Chronicle Play was one, a straight-forward affair in regular blank verse, which attended strictly to business. He complied with the three parts of Henry the Sixth, perhaps making use of some pre-existing material, and also with one of the best of his early plays, King Richard the Third. Another was the Tragedy of Blood, in which are comprised scenes of horror intertwined with lyrical beauties and love-making, sharp contrasts of innocence and villainy, and usually a ghost that clamours for revenge. (Hamlet, composed later, is founded on an old play of this kind.) The model was the Spanish Tragedy, an immense popular success of no little merit, to which Shakespeare responded with Titus Andronicus. More characteristic of himself are the early comedies, of which there are three, the Comedy of Errors, derived from Plautus, a natural exercise for a young man with a classical education, The Two Gentlemen of Verona, a charming romance prefiguring As You Like It, and the best of the three, the witty, pretty Love's Labour's Lost, wherein you may see the young and eager Shakespeare at the turning point of his life, looking forward to the world of fashion and of wit, of spirited ladies and "merry madcap lords", looking backward to the "daisies pied and violets blue" and "maidens bleaching summer smocks", to the country folk and country sights, which, homely though they now might seem, had made him a poet. The jests of this play were much to the taste of the time and the young Shakespeare was accounted good company. The result is that the gallants of Shakespeare, the Mercutios, the Claudios, the Don Pedros and the rest have the reality of life and are not pure figments, like the "society" of foolish novelists. For Shakespeare's plan had succeeded, he had had his way and had been accepted, and he lived a life well lit. Yet out of sight, below the surface, there were some dark places.

Before I proceed to examine the unexplored, I take leave to subjoin a warning against adopting the too gloomy view of man's mind that now prevails, which has been brought about partly by the enormous crimes of the century, partly by the sweeping success of medical psychology. If it be true that along the hidden paths of the mind beasts sometimes make their way, it is equally true that from the same region spring the impulses of creative art, equally true that in the deep well of imagination beautiful forms take shape. "I bid ascend those subtle and fair spirits, whose homes are the dim caves of human thought" said the poet of poets. The spirits rose, the Soul of Love, the Sage's Dream, the Spirit of Freedom, the Poet's Vision,

On a poet's lips I slept
Dreaming like a love-adept
In the sound his breathing kept ;
Nor seeks nor finds he mortal blisses,
But feeds on the aerial kisses
Of shapes that haunt thought's wildernesses.

Out of all men known it would be difficult to think of one whose mind was better stored with these "gentle guides and guardians" than Shakespeare, whose serenity has so much impressed the world. It *is* true that he was "self-schooled, self-scanned, self-honoured, self-secure", as Arnold said, even if not quite in the sense that Arnold meant. The moral victory was Shakespeare's, even though the body was worn down by the struggle.

Returning now to the history of the case, we have to admit that Mrs. Shakespeare we do not know and that we cannot produce evidence about her such as would satisfy a court of law; but in as much as few of us have ambitions in *that* direction, we may offer instead a fairly certain guess. If she had been an agreeable woman, Shakespeare would not have left her: if disagreeable, she would become ten times more tiresome finding her unwilling husband bound to her not by love but only by bonds of law. In the Taming of the Shrew, poor man, he tried to take it out of her in imagination, but he was no Petruchio himself and was probably quite incapable of lifting a finger against a woman. Her first-born too is unknown to us; but we may surmise that she was not a Kate Greenaway child, whose charms would plead with her father not in vain.

My house is red—a little house,
A happy child am I.
I laugh and play the livelong day,
I hardly ever cry.

Poor mite, she had a background and was probably naughty or dirty or noisy or disobedient. At any rate it was shortly after his wife presented him with twins that he left her: that event, I suppose, was the last straw.

So Shakespeare suffered humiliation; and the humiliation of an easy-going man, who has insight, is harder to bear than that of a combative man, because the former knows that his clemency and kindness can lead him into excess of complacency: *that* he feels a weakness in himself. Sir Anthony storms at Jack and Jack snubs the servant; but gentle Will can only rage within. Yet it might be argued that as soon as he had turned his back upon the scene of his humiliations, his deleterious feelings would vanish, because by determined action he had destroyed them at the source; but unfortunately he was left with the ungratified instinct of sex always there to keep them alive. Garnett drew attention to the open wound disclosed by a few lines in The Two Gentlemen of Verona.

As the most forward bud
Is eaten by the canker ere it blow,
Even so by love the fair and tender wit
Is turned to folly, blasting in the bud,
Losing his verdure even in the prime,
And all the fair effects of future hopes.

Bad though our system of marriage is now, it was so much worse then that, unless his first wife happened to die, Shakespeare had not a chance of getting another, and very little of finding an effective substitute.

Of this first period of the poet's life the crowning achievement is Romeo and Juliet, so like Love's Labour's Lost in style that it must be near it in time. So great is the beauty of this play, so pure and so intense the passion, that it inspires a feeling of reverence; yet, as we may perceive without a peering curiosity, into its gorgeous tapestry are woven threads of Shakespeare's own disastrous love—the rushing into *res Veneris*, the violent delights having violent ends, the hasty wedding and the woman's prominent part in promoting it. Otherwise Juliet is everything that Mrs. Shakespeare was not, wise, provident, tender and as much too young for the yoke that she proposed for herself and her lover as the other woman was too old: she indicates her in fact by contraries. Real experience is suggested by the actuality of the play rather than a re-enactment of a recollected love grown cold. Did Shakespeare ever burn with such a passion doomed to unfulfilment ? We shall never know. Yet we may make a guess, for on the very day before the bond was signed that ensured his marriage to Anne Hathaway the Bishop's register records the issue of a license to William Shakespeare to marry Anne Whately of Temple Grafton—mute testimony that there was a broken romance, perhaps an attempted elopement, brought to nothing by the family of his wife.

In the year 1593, when the theatres were closed on account of the plague, Shakespeare kept the pot boiling with the two narrative poems, Venus and Adonis

and the Rape of Lucrece, both of which sold well. Of these the first tells how an amorous goddess, expended her passionate pleading upon a reluctant boy in vain. (William, you deceive yourself, but not us !) It ends with a malediction of thirty lines on love, which lets us plainly see how the anger of the poet persisted. Here is a sample verse.

It shall be fickle, false and full of fraud ;
Bud, and be blasted in a breathing while ;
The bottom poison, and the top o'erstrawed
With sweets that shall the truest sight beguile ;
The strongest body shall it make most weak,
Strike the wise dumb, and teach the fool to speak.

Fresh country airs blow through this piece, which is beautifully finished ; but it is overloaded with details of the female wooing and is inferior to the original in Ovid's *Metamorphoses* (Bk. X), which does not cloy, as Shakespeare's embroidered version is apt to do. In the Rape of Lucrece there lies embedded the long tirade against Opportunity, placed in the mouth of Lucrece herself immediately after her defloration, not very appropriately.

O Opportunity, thy guilt is great !
'Tis thou that executest the traitor's treason ;
Thou set'st the wolf where he the lamb may get ;
Whoever plots the sin, thou point'st the season ;
'Tis those that spurn'st at right, at law, at reason ;
And in thy shady cell, where none may spy him,
Sits sin, to seize the souls that wander by him.

The story is a sad one, of pleasure misused and subsequent shame, lingering too long over the actual rape and padded out with rather dull rhetoric. Again greater merit lies in Ovid's narrative (*Fasti* Bk. II), where all the incidents are in proportion, the stir of battle, the gallop of horses, the touching scene of the fair young wife in her home, the violation, the confession, the voluntary death. Shakespeare, it is true, was in competition with the best master of narrative poetry and it is not derogatory to put him in the second place; but here there is particular reason for his shortcoming. Ovid was sexually satisfied, Shakespeare sexually frustrated; and now, as we see, he was entertaining a notion of sin. In consequence his equilibrium was disturbed and his art suffered.

His art ! Happy is the poet, at whose behest those subtle and fair spirits come, each one to lay upon distempered thoughts her raiment of beauty ! The Muse gave counsel to her favourite now. She led him through her sacred groves, where the streams were murmuring and the sweet breezes stole. Inspired, he wrote the most beautiful of all his works, A Midsummer Night's Dream. Only the petulant unkindness of the youths towards the girls who are in love with them reminds us that the poet had found love a cruel thing. The play marks the end of Shakespeare's first period; and we can date it exactly, 1594, because it refers to the particularly bad summer of that year. Thirty years of age, no longer a young but a mature man, Shakespeare now encounters his golden years.

(To be continued.)

CORRESPONDENCE

Letters to the Editor of the Gazette

Queen Mary's Hospital, Carshalton

From Mr. Frank Cook

SIR,—It is quite understandable that editors, like the Irish, should tend to be agin the government, including Minis)ers and Boards: it makes for good copy. And may I hasten to add that I have the greatest respect for editors, just as I have the greatest affection for the Irish.

I do suggest, however, that you have not altogether appreciated the many aspects of the important problem which you discuss in "Passim" of your current issue. Far be it from me to claim any expert knowledge of pædiatrics. But, until recently, I was an active member of the South-West Metropolitan Regional Hospital Board—for four-and-a-half years; and for two-and-a-half years of this time I was

also a member of the Queen Mary's Hospital Management Committee. So I think I can claim to have seen and discussed this difficult question over and over again from every angle (sometimes *ad nauseam* when personalities cropped up). There is no easy solution: as you rightly say, the demand for children's beds has fallen off tremendously—thank God and *inter alia*, the pædiatricians. That is the main factor.

Of course I see Dr. Lawson's point of view. On the other hand I can assure you that the Regional Board would have been only too happy if his beds had been more fully occupied, *were its members and officials merely concerned with administrative convenience.* There would have been no problems.

Here we have a first class hospital, comparatively modern and in beautiful surroundings, which can accommodate more than 1,000 patients if filled to capacity. Medical and nursing staff are excellent, as is the administration. But in spite of its attractions there were never more than a very few hundreds of patients in occupation at any given time during my term of office. I have a good memory, supported by documents, but I will not attempt to give you exact figures lest I have Dr. Lawson chasing me!

This obviously represents a deplorable wastage at a time when we are so short of good hospital accommodation: I am not referring merely to wastage of the taxpayers' money.

The *possibility* of transferring the Fountain Hospital, to which there are various objections, has always been under consideration: it is no new idea. There have been alternative schemes, none entirely satisfactory.

I only wish that I knew the answer as well as those correspondents of *The Times* who are only partially informed or specially pleading. But, to come to the crux of the matter, I do suggest, Sir, that if you wish to follow my friend David Lawson lock, stock and barrel you must also recommend that all the occupants of the children's wards at Guy's should be despatched to Carshalton henceforth and without undue delay.

Incidentally, in the South-West Metropolitan Region some *sixty* per cent. of all hospital beds are devoted to mental illness. This is mainly on account of that enormous colony of mental hospitals around Epsom, and to the off-loading of other Regions. Finally, Sir, I do hope that you will spare a kind thought to those sad unfortunates at the Fountain and elsewhere, as I am sure you will.

Yours etc.,

FRANK COOK,

Consulting Obstetric Surgeon Emeritus, Guy's Hospital.

31, Cumberland Mansions,
Bryanston Square, W.1.

SIR,—May I, through the courtesy of *Guy's Gazette*, thank Dr. Lawson for bringing the whole problem of the sick child to the notice of a wider public ? I am in no way qualified to discuss the pros and cons of the particular problem at present involving Queen Mary's Hospital for Children at Carshalton. But I do know something of the enormous amount of work that has been done, more particularly in the last year or two, in examining, where, in the light of present day knowledge, is the best place in which to care for sick children who for one reason or another cannot receive the necessary treatment and attention at home.

I append a short list*—of necessity a very incomplete one—of bodies who have discussed the best policy more recently—some of them at Central Health Council level, and all experts best qualified to give advice in this matter. In addition two films have been made dealing with the subject and both sound broadcasting and television have given attention to the problem.

Every one of these bodies has given evidence on the same lines; Children should be nursed in children's units or hospitals large enough to supply all their needs and to justify staff who at ALL levels are attuned to children and trained in their care. From the Hall Porter to the Pædiatrician, from the Laboratory Technician to the Hospital School Teachers, from the Kitchen to the Nursing Staff, all and one should like children, should understand children and should be devoted to their welfare, both physical and mental, beyond all else.

Where have all these bodies failed ? Have their reports not been sufficiently convincing ? Or does this advice not reach the Minister ? It is depressing to see how little has been achieved by those who have devoted so much of their time attending committees, conferences, broadcasting and writing on the subject.

And, quite apart from the children concerned, could it be that some pædiatricians are themselves not looking into the future sufficiently and are allowing the only possible training grounds for the future pædiatric nurses and sisters to be closed down ? Or do they not mind if their patients are nursed by staff who have come to the children's ward as a phase only in their career ?

Furthermore, might the present G.N.C. syllabus be at fault in that experience in the nursing of sick children is a compulsory subject for nurses who are training for the general part of the Register ? Every Matron therefore fights for a children's ward, however small and inadequate, within the precincts of her general hospital.

If all THESE beds were to be closed and our children's hospitals, which are built for the purpose and are staffed by those who devote a lifetime to the nursing of children, were used to the full, problems like Queen Mary's would not arise.

Many such children's wards in general hospitals have recently been reconstructed, e.g. at St. Helier's, in close proximity to Queen Mary's, and at St. Mary Abbotts, only a few minutes walk from the Princess Louise, Kensington, another children's hospital in danger of being requisitioned for other purposes.

Finally, are pædiatric nurses doing all in their power to form a solid body of opinion ? Of all the registered sick children's nurses only a fraction are members of the Association of British Pædiatric Nurses. A body is as strong as its membership!

Members of the medical and nursing profession, Almoners, Health Visitors, hospital administrators and many others qualified to speak, have given unanimous advice.

Perhaps it needs the misfortune of one to help many others. It is an ill wind . . .

Yours etc.,

M. A. DUNCOMBE, S.R.N., R.S.C.N., S.C.M.,

Lady Superintendent of Nurses.

Evelina Children's Hospital of Guy's Hospital,
Southwark Bridge Road, S.E.1.

* Associations and committees who have discussed the subject recently: A committee considering the welfare of children in hospital under the chairmanship of Sir Harry Platt; the British Paediatric Association; the Institute of Hospital Administrators; the Royal College of Nursing; the National group of Paediatric Almoners; the Royal Medico-Psychological Association; the Tavistock Institute for Human Relations; the Association of Psychiatric Social Workers; the Association of British Paediatric Nurses; a conference called by the Public Health and Hospital services attended by some 300 experts in child care, held at B.M.A. House; and finally, a study group which has been meeting for some time at the Institute for Mental Health.

Mr. Kenneth Hooper

SIR,—I would be most grateful if you would print this letter in the *Gazette* for the benefit of former house surgeons of Mr. Hooper.

A dinner is to be held at Guy's on 24th October to honour Mr. Hooper at his retirement. If any of his house surgeons has not received a letter about this and would like to attend, please write to me at this address and I will send details.

Yours etc.,

P. HAMPTON SMITH.

63, Widmore Street,
Bromley, Kent.

Biennial Dinner, 3rd October, 1958

SIR,—Several old Guy's men who were in the soccer teams during the years 1919-1926 would like to have a Re-union at the Hospital Dinner this year. Mr. Eckhoff has agreed to this.

If any members of the team during those years would like to join the soccer table, we suggest that when applying for tickets, they tell the Hon. Secretary.

Yours etc.,

A. W. RIDDOLLS
PAT. O'MEARA

Tregenna Castle Hotel,
St. Ives, Cornwall.

NOTE.—Will Guy's men who have already applied for their tickets please inform Mr. Eckhoff if they wish to be seated at the "Soccer" table.

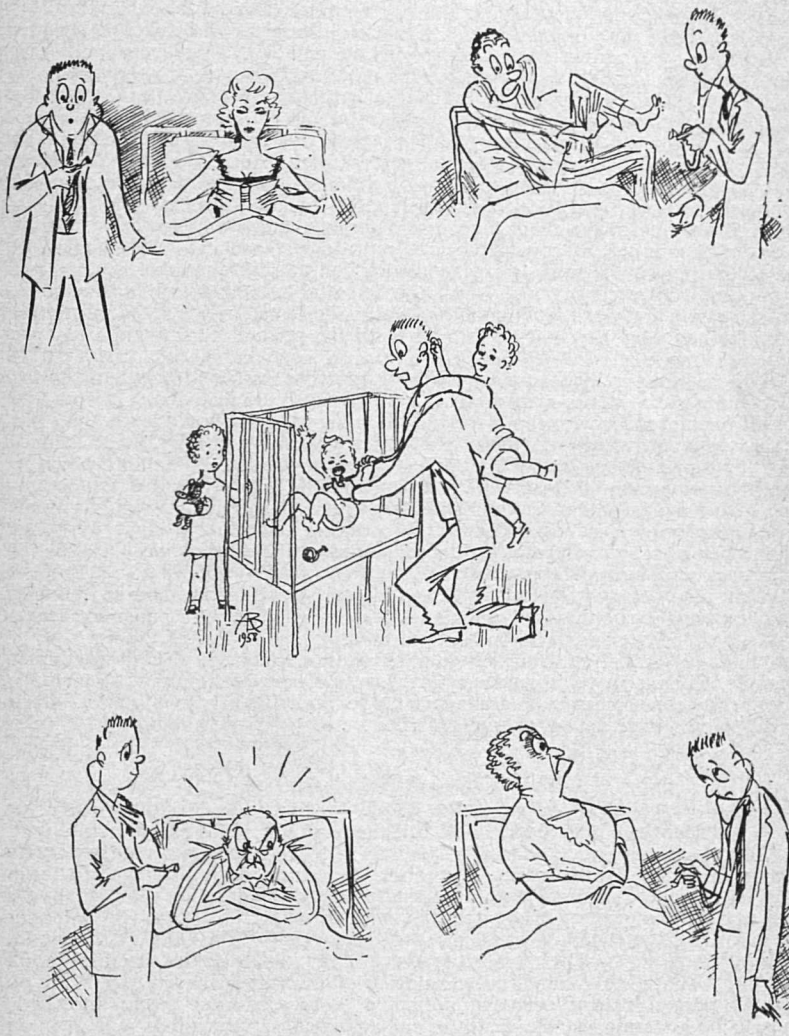
GUY'S HOSPITAL BIENNIAL DINNER, 1958

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 3rd OCTOBER, 1958, at 7.0 p.m. for 7.30 p.m. Mr. W. D. Doherty, M.Ch., F.R.C.S., will preside.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1 10*s.* 0*d.*) as soon as possible to N. L. Eckhoff, Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. Telephone : HOP 3500 Ext. 383.

The following acceptances have been received up to 20th August, 1958.

Atkins, H. J. B. 1932
Baker, C. G. 1930
Batchelor, J. S. 1931
Biddle, F. A. F. 1953
Bigby, W. L. M. 1928
Blacker, C. P. 1925
Blaikley, J. B. 1928
Boland, E. R. 1923
Boswell, P. R. 1914
Brayfield, F. F. 1924
Bromley, J. 1904
Brown, Austin 1944
Brydone, J. M. 1900
Carnegie, D. M. 1943
Clarkson, P. W. 1935
Clegg, W. B. 1935
Cole, S. N. 1941
Conybeare, Sir John 1917
Cook, Frank 1911
Cox, A. G. C. 1940
Coxon, A. C. M. 1920
Crisp, E. J. 1920
Darke, C. S. 1936
Deuchar, D. C. 1948
Doherty, W. D. 1920
Donald, J. K. 1932
Eckhoff, N. L. 1923
Ellis, G. G. 1932
Erskine, D. 1931
Everall, J. D. 1942
Fawkes, R. B. 1923
Finnegan, T. R. L. 1946
Forbes, J. R. 1935
French, J. M. 1939
Gardiner, P. A. 1937
Garland, G. W. 1944
Garrard, N. 1913
Geidt, D. W. 1932
Gibberd, G. F. 1923
Gibbings, A. J. D. 1931
Gill, W. G. 1932
Gover, G. 1954
Grasby, E. D. Y. 1926
Green, C. de Vere 1932
Greenwood, E. J. 1926
Grice, J. W. H. 1917
Guerrier, H. P. 1940
Hardy, E. 1922
Harley, H. R. S. 1936
Harris, A. S. 1951
Haslam, R. K. 1944
Hawkins, Clifford, F. 1939
Heylen, Miss J. 1952
Hill, A. W. G. 1936
Hills, T. H. 1935
Hind, A. W. 1941
Hirsch, P. O. 1953
Hitchings, D. B. 1923
Hoby, H. J. 1912
Howell, J. 1933
Hughes, W. 1931
Hunt, J. N. 1940
Ireland, T. 1932
Irish, D. H. 1932
James, W. L. 1932
Jarman, R. 1926
Johnson, C. H. 1928
Johnson, W. J. 1930
Johnston, T. B. 1906
Jones, J. Gaymer 1916
Jones, W. D. Glynn 1928
Kauntze, R. 1935
Kidman, G. E. 1916
Kinder, C. H. 1945
Knight, R. G. 1932
Lake, F. B. 1935
Lane, K. E. 1928
Lansdown, P. F. P. 1951
Lansdown, R. B. P. 1919
Lloyd, E. T. 1921
Logan, D. A. 1957
Lysaght, A. C. 1925
MacLachlan, E. M. 1929
McNair, A. J. 1911
McNair, Miss J. 1958
Malone, C. D. 1929
Mann, W. N. 1935
Manning, F. R. C. 1941
Marshall, Sir Geoffrey 1910
Martin, J. N. 1926
Maxted, P. B. 1942
Meacock, S. P. 1922
Merivale, W. H. H. 1939
Miller L. F. 1942
Mollison W. M. 1904
Morgan, J. K. 1944
Morgan, O. Gayer 1913
Morris, I. B. 1929
Morton Miss J. H. 1923
Ogilvie, Sir Heneage 1913
Ogilvie, J. P. H. 1941
Phillips, E. S. 1916
Plowright, O. 1927
Ponder, R. C. 1939
Popplewell, J. R. F. 1930
Post, H. W. A. 1926
Rahilly, D. M. 1947
Rees, J. R. 1951
Reeves, T. L. 1943
Reinhold, C. H. 1903
Riddolls, A. W. 1925
Ripman, C. H. 1907
Ripman, H. A. 1941
Robin, I. G. 1933
Rogers, A. Talbot 1921
Roots, O. J. 1906
Rowbotham, J. C. 1924
Rutter, C. 1931
Saunders, D. R. S. 1944
Scholefield, B. G. 1924
Schurr, P. H. 1943
Scott, E. D. 1913
Scriven, J. E. 1952
Seward, E. C. 1924
Shaw, M. E. 1921
Shelswell, A. H. 1921
Smallshaw, D. B. 1929
Smithson, D. L. 1954
Soothill, E. F. 1948
Spurrell, W. R. 1924
Stamm, T. T. 1928
Stewart, I. McD. G. 1939
Symonds, Sir Charles 1915
Taylor, W. H. 1922
Thomas, A. E. 1941
Thomas, J. M. 1945
Thornton, J. A. 1951
Thurston, G. L. B. 1933
Tillman, W. G. 1937
Tudor, J. 1932
Tweed, M. B. M. 1916
Tweed, W. M. E. 1951
Vance, J. 1948
Wass, S. H. 1934
Watson, L. K. 1922
Wheeler, S. J. 1929
Wilkinson, P. A. 1934
Williams, E. W. Meurig 1931
Wood, G. Nesbitt 1928
Young, A. L. 1937



ON AUSCULTATION . . . .

REVIEWS

A Textbook of Oral Pathology. By WILLIAM G. SHAFER, B.S., D.D.S., M.S. Associate Professor of Oral Pathology, Indiana University School of Dentistry, MAYNARD K. HINE, D.D.S., M.S., Dean and Professor of Periodontology, Indiana, and BERTRAM M. LEVY, A.B., D.D.S., M.S., Professor of Pathology, University of Texas Dental Branch. Pp. 714, figs. 416. W. B. Saunders Co., Philadelphia and London. *Price 5 guineas.*

This is a well written book dealing with the pathology of practically all oral lesions, whether local or the manifestations of general diseases, whether common or very rare. Clinical aspects are concisely described and very well illustrated by photographs. Diagnostic points are shown in admirable reproductions of radiographs and clinical photographs, and characteristic histological findings are described, figured, and explained. In general, controversial points are freely admitted and there is no attempt to mask the limited extent of our knowledge. References to recent periodical literature support the interpretations offered; and in many cases, as in the chapter on dental caries, there is an admirable, concise review of the results of epidemiological, nutritional, chemical, pharmacological and other studies. This is an excellent book for the post-graduate student and for the hospital dental surgeon. It will also be useful to the physician and surgeon, who can rarely find the less common oral lesions described in any detail in medical textbooks and who may not be familiar with the periodicals in which they are likely to be reported.

For the undergraduate student the book is rather less suitable because of the many rare and sometimes even doubtful entities which are included. It would be difficult for him to know without tutorial guidance what he should learn and what he may temporarily neglect. There is a tendency from the undergraduate's standpoint for too much space and illustration to be devoted to conditions which in this country are rare, whereas some common conditions receive rather little attention. Thus the common recurrent aphthæ appear to be equated with recurrent herpes simplex, a view for which there are rather uncertain grounds, Mikulicz aphthæ being said to represent an unusual disease. The histological features of sections or scrapings of herpetic tissue would be of more interest to the student in Britain than those of blastomycocis and histoplasmosis; and those of fractured teeth and their repair than salivary gland inclusion disease. And migraine seems as deserving of a place as Horner's syndrome.

However, in relation to the whole these are small matters. The book should certainly be available to all students and there are many sections in it which the undergraduate can be strongly recommended to read. It is indeed a book which should enjoy a wide appeal and which reflects credit on its authors.

M.A.R.

A Manual of Dental Anaesthesia. By W. H. ARCHER. An illustrated guide for student and practitioner. W. B. Saunders Ltd. *Price 58s. 6d.*

There is as much art as science in Dentistry and nowhere is this more applicable than with Dental Anæsthetics. Any book therefore, dealing with the subject must be considered subservient to observation and practice in the Dental gas room, and no amount of reading of this or other books on the subject will substitute for failed attendances in this most important part of the Dental Curriculum. Professor Archer's book is comprehensive to the ultimate degree, dealing in full with every conceivable complication and variation of the subject; so much so that the normal patient behaving normally under a normal dental anæsthetic tends to be lost amongst the welter of pre-anæsthetic examinations and function tests, and the formidable array of tracheotomy sets and intra-cardiac needles. The book is prefixed by an interesting chapter on the history of Dental anæsthetics, is excellently illustrated and well set out with paragraph headings and charts. However, exact and full repetition of instructions when applied to the same manœuvre on the other side of the body seems to me to be rather unnecessary and tends to produce boredom in the reader, as also does the inclusion of many unimportant details in histories of treated cases.

I would commend this book to be read and used for reference by those graduates and students interested in the subject, but not as a manual of instruction for general use in undergraduate teaching.

H.D.A.H.

Clinical Orthodontics. By BERCU FISCHER, D.D.S. W. B. Saunders Company. 1957. *Price* £6 2*s.* 6*d.*

This book of 463 pages is, like most American texts, well produced and copiously illustrated with 354 blocks of photographs, prints of radiographs and very clear line drawings. It supersedes Fischer's previous book entitled *Orthodontics*, also published by Saunders.

In both books there is a lengthy preamble which is partly historical and partly a philosophic tract, which is of great interest even if one does not agree with all the conclusions.

The concepts implied in the title that "treatment should be carried out with the minimum number of teeth receiving the application of orthodontic force . . . and only those teeth that are to be moved simultaneously are included in the assemblage" are practical considerations with which most orthodontists would agree. It is in the mechanical methods employed to carry out tooth movements that orthodontic treatment here differs from that described by Fischer. Even where individual operators use similar techniques with equal success these will differ in detail, but bearing this in mind Fischer gives an illuminating description of the treatment methods which he employs.

The book is immensely fortified by detailed reports of twenty-four cases treated. These cover most types of malocclusion and in this respect it is an advance over the previous text which dealt almost exclusively with Class II Division I malocclusions.

This book will be a useful addition to a library for reference, and it should prove of great interest and value to those who wish to increase their armamentarium and utilize Fischer's multiband fixed apparatus and extraoral traction techniques.

A.C.C.

The Physical Treatment of Varicose Ulcers. By R. ROWDEN FOOTE. E. & S. Livingstone Ltd., London and Edinburgh. *Price* 15*s.*

This book is written by the author of a well known book on varicose ulcers. The present book is written for the physiotherapist and nurse. It provides a guide to the whole subject of varicose ulcers. The initial chapters are devoted to anatomy, physiology, and pathology with a notable clarity of style. Treatment by bandaging, and physiotherapy is covered well and in some detail. Tables of exercises and after care are included.

The electrical adjuncts to treatment are described in a separate section. Ultraviolet light, and ultrasonic therapy are well covered, although the dose of ultraviolet is somewhat heroic. The use of radiant heat and shortwave diathermy is not generally advisable, and ionisation is not effective with the usual agents.

The illustrations and photographs are excellent, and the book provides an easy guide to the treatment of this common condition. An index is not provided, which reduces the utility a little.

G.H.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Dental Radiology** to attend on 3 sessions per week, to commence duties on the 1st November, 1958.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 3rd October, 1958.**

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Fellowship

Professor T. McKeown

UNIVERSITY OF LONDON

Teachers

Francis Rankin Kilpatrick, M.B., B.S., F.R.C.S., already recognised as a Teacher of Surgery at Guy's Hospital Medical School, has been recognised as a Teacher of Surgery (Urology) at the Institute of Urology.

Full Recognition

Alfred Nightingale, M.A.(Camb.), Ph.D., and Robert Wilson Stanford, M.A.(Camb.), as Teachers of Physics at Guy's Hospital Medical School.

PASS LIST

ERRATUM

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

S/Ldr. D. James Stoker
(not S/Ldr. D. James as previously published)

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees

June, 1958

R. P. Jenkin

The following General Certificate of Education candidates have qualified for exemption from the First Medical.

N. A. L. Baker
Anita Barltrop
J. W. V. Barrett
A. N. Bowden
N. B. Bown
Cynthia M. Britton
P. R. Camm
E. J. N. Chater
G. T. Cheney
K. A. Crawford
Juliet C. Cridlan
C. A. Crofton-Sleigh
A. G. Cumberland
T. L. Davidson
J. N. Davies
J. L. Day
J. A. Dickinson
V. E. Egwuatu
Margaret N. Evans
W. D. A. Foster
P. D. Gedge
D. E. Gibbons
H. J. L. Griffiths
L. P. Harrison
T. E. J. Healy
R. M. N. Hooker
A. T. House
Mary M. E. Hunter
R. P. Juniper
B. S. Kalsi
G. T. Klauber
C. J. R. Lewis
D. H. Lynn
S. J. MacKay
J. A. Mackenzie
J. V. Maddison
M. N. Maisey
J. H. T. Marshall
R. G. May
J. W. Mellors
R. J. T. Miles
T. J. Mirams
M. B. Mitchiner
A. Murphy
L. C. Nash
J. D. R. Nicholas
R. D. Owen
R. J. Parker
J. C. Perry
P. J. Phipps
Ann Poskitt
B. S. Pound
J. H. Ransford
W. G. Reeves
A. J. Richards
D. H. Richards
D. A. S. Roberts
E. V. Roberts
A. J. Robson
J. K. Scott
M. S. Singh
J. A. Smith
M. V. Smith
J. H. Steadman
S. A. Sughayyar
Judith W. Summers
V. Tanboonrithi
R. J. Tate
N. J. Trayfoot
R. J. Walden
A. G. Williams
A. G. Winchester
M. J. Wright

Second Examination in Dental Surgery

July, 1958

J. L. Alexander
C. Ashworth
Helen E. E. Cash
R. T. Chance
N. G. Clarke
J. V. Collins
D. C. Cox
I. G. Crossman
R. A. Dendy
G. Dexter
Clare M. Duncan
P. M. Everett
Monica Friedmann
G. T. Green
Jennifer A. Hall
P. J. C. Hargraves
M. R. Heath
N. J. D. Hodges
E. M. Hoskins
E. A. L. Jones
P. J. Leopard
W. Long
P. W. Mead
M. J. Mitchell
J. Neale
J. D. O. Parkholm
H. W. Preiskel
R. C. G. Rowe
W. T. Sholl
Sylvia Tee
Susan E. Thickett
Anita R. Thomas
L. A. Usiskin
J. R. T. Warren
W. G. Webb
A. M. Wengraf
H. A. Wilen
J. L. Williams

CONJOINT BOARD

D.C.H.

Margaret E. Broughton — D. C. Gill

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D.Obst.

Hilary Allin
C. Angeli
N. D. Gripper
R. A. Harlow
T. W. Hoskins
E. T. Johns
W. R. B. Jones
J. A. Morgan
M. K. Strelling
M. S. Tyrell
M. J. Williams

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
August, 1958

*R. G. Hornung

*Has completed the examination.

NURSING NEWS

Entered:

Sister E. Dixon to *Nurses' Home.*
Sister A. Crump to *Diplock.*
Sister R. Butler to *School of Nursing.*
S/N A. M. Phillips to *Night Staff-Nurse (Medical)*
S/N J. E. Jones to *Patience and Samaritan.*
S/N P. Harding to *Main Theatres.*
S/N M. Penrice to *Night Staff-Nurse (Surgical)*
S/N R. Hatch to *Nuffield, D Floor.*
S/N G. Robinson to *Evelina Hospital.*
S/N C. Leader to *New Cross Theatres.*
S/M J. Brownlow to *Victoria.*

Left:

Sister D. Cohen
S/M M. Gee
S/M E. Winder
S/M M. Gair
S/M D. McKinley
S/N J. Mogridge
S/N U. Thomson
S/N L. Young
S/N M. Deekes

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

FURNISHED SINGLE BED SITTING ROOM with kitchenette and bathroom in Hampstead available mid-September. £2 15*s.* 0*d.* weekly. Write 5 Bracknell Gardens, Hampstead, N.W.3.

Required

CLERK SHORTHAND TYPIST who can duplicate, keep records and file. Age 20/35 years of age—prospects. 5 day week, 9 a.m. to 5 p.m. Write experience, present salary: Secretary, Box 20, c/o *Gazette* Office.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage 2*s.* extra. Apply *Gazette* Office, 16 St. Thomas's St., S.E.1.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Camps, F. E. Accidental Poisoning. *Med. Pr.*, 1958, **240**, 789.

Clarke, C. A. and others. Carcinoma of the Oesophagus with Keratosis Palmaris et Plantaris (Tylosis). *Quart. J. Med.*, 1958, **27**, 413.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1830 13*th September* 1958 *One Shilling*

PASSIM

LIVING in and living out are alternatives for the fourth-year nurse. It is remarkable that the first Guy's nurse to be non-resident won this privilege only in 1950, for this week the number of non-resident nurses has topped one hundred, having leapt from fifty at this time last year. Last week's *Nursing Times* contained an interesting article on the arguments for living in and the advantages of living out. For students and nurses in their earlier training, the round-the-clock nature of medical care does not force itself upon the consciousness when they are off-duty in the Hospital, but for those in positions of responsibility it is very wearing to live "on top of" the day's work. The fourth-year nurses find work on the wards certainly as exacting, if as congenial, as do their junior brethren, and one would think that the additional chores involved in housekeeping would deter the nurse who must be on the wards at 8 a.m. The extra freedom and lack of off-duty supervision are of course important, though today's regulations are more fairly called irksome than repressive. Those ward sisters who have still to live almost literally in their wards would agree that when responsibility is added to the day's duties, it is very difficult to relax mentally except by getting away from work, as opposed to stopping work. This additional weight of responsibility which is such a major factor for the S.R.N. as compared with her younger sisters, must be the chief reason for the dramatic fourth-year flight to furnished flats.

A landmark in the history of Guy's occurs next week, when the Rt. Hon. Lord Nuffield, President of the Hospital, is to lay the Foundation Stone of New Guy's House, the new surgical building. The ceremony, at 3 p.m. on September 19th, will be preceded by a Dedication Service, conducted by the Lord Bishop of Southwark. The Minister of Health, the Rt. Hon. Derek Walker-Smith, will speak, and the procession of dignitaries will include the Chairman of the Board of Governors, the Rt. Hon. Lord Cunliffe, and the Chairman of the Building Committee, Mr. A. E. Orchard-Lisle. The ceremony will be relayed to the wards on the wireless system.

We offer our most sincere congratulations to Dr. Christopher Earl upon his appointment to the Consultant Staff at the National Hospital for Nervous Diseases, Queen Square. He will not, fortunately, relinquish his post as Chief Assistant in the Guy's Department for Diseases of the Nervous System until later in the autumn.

Our second official visitor from Johns Hopkins Hospital for this year is Dr. Edward Maumanee, M.D., the ophthalmic surgeon, who is to spend a month here, succeeding Professor Robert Robinson as Johns Hopkins representative. We welcome him in advance, and hope that he will thoroughly enjoy his stay. Meanwhile, Mr. Murray Falconer and Dr. M. J. McArdle are leaving soon for Baltimore, where they will carry with them the good wishes of all Guy's men. We also wish *bon voyage* to Dr. Maurice Lessof, who leaves soon for a year in Baltimore.

The *Gazette* Committee met recently to receive the resignation of Dr. T. R. Cullinan as Assistant Editor, upon his completing his house appointments. His help has been invaluable, and we are very sorry to lose him. The new Assistant Editor is Mr. D. N. Landon, whom we welcome warmly.

The Biological Photography Association, an international organization based in the U.S.A., has elected to its Fellowship Mr. C. E. Engel, of the Medical Illustration Department. We congratulate him on this distinction, and on the lustre which continues to accrue to the Photographic Department as it publishes more and more original work in the field of medical photography.

The disparities between male and female waiting lists on the medical and surgical sides, which we noted recently, are being tackled by the Medical Committee, who are considering further changes of sex in the wards, among them poor old *Dorcas*. As the female surgical list is longer than the male, it is proposed that *Patience* and *Samaritan* should be made male wards, instead of female as at present, while *Dorcas* will become female again, the net result being an increase of 12 female, and a decrease of 12 male, surgical beds. Similarly, the medical wards may be shuffled to achieve the opposite effect, for while *Addison*, with 44 beds, is overcrowded, with a long male waiting list, *Bright* and *Wilks*, with 56 beds, are rarely full; the female list is shorter, and the seven balcony beds in particular have not been fully occupied for months. The rôles of these wards may be reversed, with again a net change of 12 beds, this time favouring the men.

We note with great interest that the Nursing Staff has been invited to take part in a competition to design a new uniform dress from the current material, in such a way that it can reasonably, and even attractively, be worn without an apron when off duty. The dress has, of course, to be worn all the year round, and must be easily laundered. This challenge to the nurses is rather a splendid one, and we look forward to seeing some of their designs when entries close on September 30th.

The bedside table unit to be used in New Guy's House is an attractive piece of work, with a built-in control panel for lights and radio. A flexible lamp is fixed to it, and is easily manoeuvred. The prototype and one or two successors are to appear shortly in *Sarah Swift* for field trials.

After a medical training at Guy's six years no longer seems a lifetime, and we find it exciting news that plans are afoot to rebuild the west wing of the courtyard in about five or six years in a style to blend with Mead's original design; when Guy's House is underpinned, there will be a new atmosphere in the Colonnade as the old building takes on the character of residential quarters. Some changes will be seen—the Round House, for instance, cannot contain the telephone exchange when it doubles its size to deal with New Guy's House; it will be removed, and the exchange installed in a site still to be revealed.

A humid morning last week saw picked men of the Works Department glumly attacking a brick wall in the tunnel across Great Maze Pond, which made the College quite impregnable, being chest high and professionally finished. We cannot think who built it. It certainly wasn't the Residents, for they had a party and went to bed early.

A patient in *Sarah Swift* said to her nurse recently, "You know, dear, I've been in three different hospitals for operations, and this is the only one where your own nurse goes with you to the theatre, and your own student comes to take you on the trolley; and you know he'll be there for the operation and bring you back, and your own nurse will be there again when you wake up." "Assignment of patients" is a phrase with a cold ring, but is obviously a vivid and warming reality to the patient, as of course it is to nurses and students; their names, once inscribed in appropriate spaces on the lists of patients, become those of friends and supporters, in what we sometimes forget is a time of stress and loneliness.

We miss the post-box which has been removed from the North wall of the College, but hope that there will be a post-box in or near the entrance hall of New Guy's House.

"The following tradition will start on . . ." is an old chestnut. Nevertheless, we gather that since September 1st, an institution known as "balcony breakfast" has become firmly established in the Nurses' Home. This means that "nurses when off duty may have breakfast in their dressing gowns between 8.30 a.m. and 9.30 a.m. on the balcony dining room." Alternatively, they can take it thence to their own rooms. We liked very much the sunny smile with which this news item was given to us in the Matron's office.

Sixty Years Ago

From Guy's Hospital Gazette, 10th September, 1898.

(A Clinical Lecture delivered by Dr. Goodhart)

"I go the round of the country, and am met on one hand by a magnificent church; on another by a beautiful college; on another by a sanatorium; on another, perhaps, by a private palace. And when I ask, whence came these monuments of wealth? the common rejoinder for them all is, Pills! And I believe this is due to the fact that man has converted what was at first only a convenience into a very necessity of life."

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
13th	S	10.00	Departmental Round. Mr. F. R. Kilpatrick. Clinical Theatre.
18th	Th	12.00	Dr. David B. Scott (National Institute of Dental Research) Dental Clinical Lecture. *Microscopy of Normal and Carious Dental Tissues.*
18th	Th	2.30	Nurses' Prize Giving. Physiology Theatre. Presentation of prizes by Professor G. Ronald Hargreaves, O.B.E., M.R.C.P., L.R.C.P. Chairman: The Rt. Hon. Lord Cunliffe.
19th	F	3.00	New Guy's House. Laying of the Foundation Stone by The Rt. Hon. The Viscount Nuffield.
24th	W	12.00	Professor I. R. Hardy (Professor of Dental Prosthetics at Tufts College Dental School). Dental Clinical Lecture. *Aesthetics in Complete Denture Construction.*
26th	F	12.00	Dr. Richard W. Tiecke (Professor of Pathology, North Western University Dental School, Chicago). Dental Clinical Lecture. *Lip and Mouth Cancer.*
		1.00	Dr. A. H. Douthwaite. Clinical Lecture.
27th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

GUY'S HOSPITAL BIENNIAL DINNER, 1958

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 3rd OCTOBER, 1958, at 7.0 p.m. for 7.30 p.m. Mr. W. D. Doherty, M.Ch., F.R.C.S., will preside.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1 10*s.* 0*d.*) not later than 27th September, to N. L. Eckhoff, Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. Telephone: HOP 3500 Ext. 383.

The following acceptances have been received up to 9th September, 1958, in addition to those names published in the last issue of the *Gazette*.

Annesley, F. D.	1914	Henderson, I. D.	1943	O'Donoghue, R. J. L.	1929
		Hooper, K.	1922	O'Meara, D. J. P.	1920
Barlow Schofield, J.	1930	Hore, W. G. R.	1922	Orr, R. G.	1953
Bishop, P. M. F.	1929	Houghton, L. Wynn	1924		
Briggs, J. H.	1951	Hudson, J. A.	1922	Phillips, H. G.	1942
Brock, Sir Russell	1926			Porter, N. H.	1949
Burnand, N. J.	1937	Jackson, R. C.	1937		
Buxton, J. D.	1943	Johnson, R. A.	1933	Rayner, F. L.	1921
				Renton, T. W.	1942
Calne, R. Y.	1953			Robertson, J. M.	1930
Cann, R. J.	1924	Kilpatrick, F. R.	1933	Robinson, R. E.	1924
Chard, J. D.	1954	King, D. P.	1934	Roe, W. P.	1928
Clark, R. M.	1957	Kirkpatrick, W. R.	1926	Russell, P. S. B.	1950
Clayton-Jones, E.	1927				
Collier, H. Neil	1926	Leckie, C. M.	1928	Simpson, Keith	1930
Cook, C. A. G.	1939	Lloyd, N. L.	1923	Skinner, P. V.	1951
Cooper, H. G. N.	1932	Lloyd, V. E.	1915	Smith, P. A. J.	1941
Coxon, R. V.	1938	Lomax, P. H.	1932	Stoll, L. J.	1932
Crabb, H. H.	1939	Lund, W. S.	1954	Stebbing, P. F.	1954
Duckworth, D. V.	1952	McCall, A. M.	1939	Thomas, G. E.	1942
		McClean, S. D.	1929	Thorne, M. G.	1945
Fabricius, J. M.	1944	McConnell, W. S.	1927	Trott, L. A. S.	1924
Frazer, W. F.	1938	MacLean, K. S.	1939		
French, E. B.	1937	Mansie, J. W.	1931	Vine, S. M.	1943
		Mant, A. K.	1943		
Genge-Andrews, G. E.	1912	Morrison, Miss E.	1952	Wallace, J. D.	1945
Green, O. I.	1937	Mullally, Miss S. M.	1954	Watson, R. G.	1946
Griffiths, R. A.	1947			Wilderspin, K.	1955
		Nicholas, C. P.	1937	Wilson, E. F.	1920
Hawkins, B. E.	1925	Nicholson, T. W.	1954		
Helliwell, P. J.	1938			Yerbury, R. O.	1937

ORTHOPÆDICS IN BRITAIN

By T. T. STAMM, F.R.C.S.

Orthopaedic Surgeon, Guy's Hospital

(A talk broadcast to American practitioners under the auspices of the New York Academy of Medicine, and published by kind permission of the Academy).

I have been asked to speak to you about orthopaedics in this country, a difficult assignment, for although it was an offshoot of general surgery, the subject now covers such a wide field that it has almost outgrown its parent.

As you will know, Orthopaedics had its beginnings as the art of correcting deformities in children—hence its name, which means 'straight child'. As the possibilities of surgery were developed, it gradually came to include the correction of deformities in adults as well. Although surgeons had mastered this art by the turn of the century, they were not satisfied with the results they achieved, for they gradually came to realise that correction of a deformity was not an end in itself and, in fact, was often of little benefit to the patient, unless it thereby improved function. Modern orthopaedics may thus be defined as the art of restoring and maintaining the functions of the locomotor apparatus. By this we mean the bones, the joints about which they move, the muscles which move them and that part of the nervous system which controls the whole machinery. In other words, the locomotor apparatus is the machinery by which we move, orientate ourselves, and indeed express ourselves in relation to our physical environment. The art of the orthopaedist is to maintain this complicated machinery in good, and painless, working order.

Orthopaedics is therefore unique as a specialty in that it deals primarily with the preservation of a normal function rather than with the treatment of a disease. Its outlook is thus physiological rather than pathological.

In discussing various aspects of this subject, as it is practised in this country, I would not like it to be thought that when I say "what *we* do", it implies that it is in contradistinction to what your own colleagues would do. In fact there is probably no branch of medicine in which we are in closer accord. We even have a common journal, and it is often difficult without looking for the author's name to tell whether the writer is American or British. There must however be differences in emphasis and in the methods adopted, for orthopædics is an art, not a science, and there are often many different ways of achieving an equally satisfactory result, just as in pictorial art there are many different ways of expressing the same idea.

I have said that the work of the orthopædist is to maintain the function of the locomotor system. The majority of his patients seek his advice in the hope that he will be able to help them to keep active. Now, it would often be a fairly simple matter to deal with some disability if one could first put the patient, or the affected limb, in dock for the purpose. Except in the case of serious disease, however, this luxury is denied to us, and we must always consider how best to deal with the problem while incurring the least disorganization of the patient's life and normal activities.

First, I would like to consider certain aspects of the treatment of injuries, and especially fractures. In both our countries the ancient controversy between early movements versus immobilization still continues. Personally I believe that both sides are right, and that the apparent conflict of opinion is mainly due to talking at cross purposes, and to that misleading expression "early movements". Of course the broken ends of any damaged structure need to be maintained in apposition if satisfactory healing is to take place, and this often entails immobilization of the damaged parts. On the other hand, if subsequent stiffness is to be avoided it is essential to promote the rapid absorption of all extravasated blood

and other exudates *before* they can become organized into fibrous tissue. For it is not immobilization itself which causes stiffness, but only immobilization in the presence of some exudate, which is capable of clotting, and then being organized into new fibrous tissue. The absorption of such exudates can only be effected by promoting a rapid circulation through the affected region, and this in turn is dependent on muscle activity. Thus it is muscle activity, especially in the early stages, that prevents subsequent stiffness—not movements. Movements, when permissible, are merely a convenient and easy way of ensuring muscle activity. Thus we can reconcile both points of view by defining the principles of treatment as immobilization of the damaged part, combined with the greatest degree of muscle activity that such immobilization permits. It follows that the immobilization should be carried out in such a way as to permit the maximum degree of activity, and this, I would stress, is the most important indication for the internal fixation of fractures. There are few fractures that will not unite satisfactorily without operative interference, and internal fixation is rarely justified from the point of view of the fracture itself. Often however it is impossible both to immobilize the fracture, and at the same time permit a sufficient amount of muscle activity to avoid subsequent stiffness. Some form of internal fixation which is sufficiently effective to permit the limb to be actively exercised *immediately*, often provides the solution to the problem.

I had an impressive demonstration of this during the last war when I was dealing with injuries sustained by paratroops in training. Ankle fractures were very common and it was found that on the average it took 33 weeks to get the men back to duty. I started a regime of immediate internal fixation of the malleolar fractures with screws. Then followed 3 weeks of intensive physiotherapy and exercise, apart from actual weight bearing. When the limb had been restored to normal as regards muscle tone, movements, and absence of swelling, a walking plaster was applied and retained until union was complete. Thus internal fixation permitted rehabilitation to be carried out *before* the fractures had united, instead of afterwards. The result was that we could get them back to duty in 14 weeks instead of 33.

The Smith Petersen pin for fractures of the neck of the femur represented a great advance, not because it improved the percentage in which bony union occurred, for excellent results could be obtained by the plaster spica method of another illustrious American—Royal Whitman. It marked a great advance because it enabled one to treat the rest of the limb and indeed the whole patient, and it is thus a life saver.

Such methods of treatment, however, can only be carried out in well equipped fracture centres served by well organised transport facilities. Although this should be much easier to arrange in the British Isles than in the U.S.A., owing to the shorter distances involved, we have in fact a very long way to go yet before our arrangements for the treatment of injuries could be called satisfactory. We have about five times as many highly trained Orthopædic and Casualty Surgeons as we had before the last war, but we have not yet organized the means whereby they can work to the best advantage, except in a few centres.

Running a close second in importance to the treatment of injuries is the problem of backache and the disc syndrome, which accounts for about a quarter of all cases seen in our Orthopædic Clinics.

A generation ago lumbago and sciatica were regarded as being the prerogative of middle age. Now that we know so much more about the pathology of these conditions, we can understand why this should have been so, for we know that the tissues of the intervertebral discs show progressive degenerative changes which, by middle age, have rendered them susceptible to trauma, while in old age the vertebral bodies have become so close to each other that external displacement of any remaining tissues of the discs has become impossible.

At the present time however, the clinical picture has changed, for the middle-aged sufferers from disc lesions are now outnumbered by those in the twenties or even in late adolescence. Previously young people strained their backs and the symptoms responded to rest and physiotherapy. Now if they strain their backs they are likely to develop a disc prolapse. The significant point is that the normal intervertebral disc is immune to trauma (except in the cervical region) for it is far stronger than the bones on either side of it. To revert for a moment to my paratroops—many of them sustained crush fractures of vertebral bodies but I never saw a case of a disc prolapse as a result of parachuting. It follows therefore that if young people develop a disc prolapse, that disc *must* have been

in a degenerative or softened state, and this is borne out by the fact that the actual injury or strain which caused the prolapse is often quite trivial. Moreover, at operation in young people the appearance of the disc is quite typical, being soft and pulpy, and if one has to explore several discs they all look much the same. It is clear, therefore, that for some reason the youth of the present day are liable to develop abnormal pathological softening changes in their intervertebral discs. The ætiology of these changes remains a matter for speculation, but one cannot help wondering whether the highly processed, preserved and otherwise adulterated food that they are compelled to eat may not eventually prove to be the cause, for after all, man is what he eats.

So far as the treatment of these conditions is concerned in both our countries we have passed first through a phase of ignorance, placebo's and quackery, and then through a period of enthusiastic surgery. Now I believe we have both adopted a very similar programme, both as regards the initial treatment to reduce any disc prolapse, and also as regards subsequent protective measures.

Most people in this country are agreed that in all cases conservative measures should be given a trial first. If rest combined with traction does not result in fairly rapid improvement, manipulative measures are employed. I think that we resort to manipulation far more often than you do, but we believe that a disc prolapse should be reduced as soon as possible, and that manipulation in expert hands is a simple and safe manœuvre, and that it is often successful in early cases.

Operative measures are reserved for three classes of case : those where reduction cannot be effected by conservative means, those that show repeated relapses, and finally when the prolapse is producing signs of serious neurological dysfunction, either physical as a result of direct mechanical pressure, or psychiatric disturbance resulting from prolonged unrelieved pain.

As regards protective measures, some form of support is usually given combined with a prolonged period of supervision as regards activities. Spine grafting of the affected area appeared to be an attractive alternative but is now rather falling out of favour for three main reasons. The procedure itself fails to produce bony fusion in a percentage of cases no matter what method is used. If a relapse should occur it presents a very difficult problem, and finally subsequent prolapse at the next joint above is not uncommon.

To the general medical practitioner in this country the disc syndrome presents an almost insoluble problem. Under the National Health Service he is not permitted to order physiotherapy nor any form of appliance such as a surgical belt, and he has neither the time nor the facilities for the application of plaster jackets. All he can do is to put the patient to bed and refer him to hospital where, unless regarded as an emergency, he will be seen perhaps some two months later.

The next greatest problem in Orthopædics is that of foot disabilities. This is such a wide subject that I can only touch on a few points. Statistics show that in young children the defects most commonly noted are those affecting the region of the long arch. By adolescence, however, they have become outnumbered by defects of the forefoot and toes, which also prove to be the most frequent cause of trouble in the adult. This is true of all highly civilized communities, and of all the various forefoot disabilities the hallux valgus complex is by far the greatest single cause of disablement. Moreover, 90 per cent. of all cases occur in women. Thus it cannot be denied that women's fashionable footwear is a major cause of foot disablement.

So far as children are concerned we now have excellent shoes available in multiple fittings and at an economic price. The remaining difficulty is that of trying to ensure that children do in fact get the correct size and fitting. The school authorities are now very conscious of the importance of this problem and much good educational work is being done. One unexpected difficulty is that the better the shoe the longer it lasts, and therefore the greater the likelihood of the child wearing shoes that have become too small. The real problem now is that of the adolescent girl, for there is nothing available for her between the school shoe and the adults' fashion shoe. The position is getting worse rather than better at the present time, for there is a growing tendency to give up multiple fittings and to stock fashion shoes in one fitting only. Moreover, even if suitable shoes were available, they must still be expertly fitted and as most of the retail shoe trade is done on Friday or Saturday it is not economic to employ many expert fitters. Of course there are good shoes available for working purposes, but to try to persuade adolescents, or their mothers, to wear them is about as optimistic an endeavour as trying to get them to give up smoking to avoid cancer of the lung.

We must therefore accept the fact that women will continue to wear such things as high-heeled court shoes, which are perfect instruments for crippling the human foot. It is not every foot, however, that breaks down under this ill treatment. Our present job therefore is to analyse the differences between those that break down and those that do not, and then to try to overcome the defects found to be responsible by conservative or surgical means.

This new approach to the problem, which often involves what is in essence preventive surgery, is already beginning to yield results, and one hopes that in time we shall be able to foretell with accuracy whether a foot will be likely to break down in later life and then to adopt measures to prevent this happening. Such advances however are bound to be slow, for preventive surgery is naturally unpopular until it has proved its worth, and one has to wait so long before any proof is available.

Another problem which has been very much to the fore in recent years is that of chronic arthritis of the hip joint. So far as conservative measures are concerned the only major difference in our approach to the problem lies in the more frequent use of manipulative measures in this country. Here perhaps I should say a few words about manipulative surgery in general. Treatment by manipulation can be roughly divided into two main types. In the first category are those procedures which are carried out for the purpose of overcoming some obstruction to joint movements, the obstruction being nearly always due to fibrous tissue. In the second group the intention is to relieve symptoms which are experienced at a distance from the joint which is regarded as being the cause, the classical example being the manipulative reduction of a disc prolapse to relieve referred sciatic pain. Osteopaths and other groups of unorthodox practitioners go further and consider that the functioning of many distant organs and tissues can be affected by spinal manipulations. This is too complicated and controversial a subject for me to consider now, but as regards the first category, orthopædic surgeons in this country employ manipulative procedures far more than do their American colleagues. There is a paradox here, in that it is the movable rather than the really stiff joint that benefits most from manipulation, especially when pain is only experienced during activity and at the extremes of certain movements, passive movements within the range being painless. In the case of the hip joint we find that a gentle manipulation performed under anæsthesia will often result in considerable relief of pain, and if repeated at infrequent intervals it will often keep the sufferer in reasonable comfort for years and so avoid the necessity for surgical measures. The rules we observe when carrying out such procedures are first that the muscles must be relaxed, either by the preliminary use of heat and gentle massage, or, in most cases, by the intravenous administration of a small dose of sodium thiopentone, which is given rapidly, so as to ensure a few moments of complete muscle relaxation. The affected joint must be moved in all directions, including distraction of the joint surfaces, and the movements must never be forcible.

Surgical measures for the relief of pain in an arthritic hip may be considered under three headings—arthrodesis, arthroplasty and osteotomy.

Arthroplasty of the hip has been a special interest of mine for the last 20 years. In spite of that, I would say without hesitation that for the younger patient arthrodesis remains the procedure of choice in the present state of our knowledge, and will probably remain so for many years to come. I know that it is not popular in your country and I think the difference is largely a matter of temperament. Fixing a major joint suggests restrictions and limitations of activities, ideas which are abhorrent to your patients but more readily accepted by our more conservatively minded people. In fact, of course, a fixed hip enables one to be much more active than even a good arthroplasty does, for it is strong, painless and reliable. So far as the patients are concerned they even feel that they have quite a good range of movement, since they can swing the leg with confidence by pelvic rotation. Indeed, several patients have remarked to me that it moves better than it did before operation. The procedure has the added advantages that it has no upkeep costs and is permanent. Moreover, when performed with the correct technique the success rate is over 90 per cent. and the recovery period is much shorter than. following an arthroplasty and it does not entail months either in bed or in plaster

For the older patient and for bilateral cases some other method has usually to be considered. Arthroplasty remains in the experimental stage, many methods having been tried and most found wanting. New developments are on the way but they have not yet been proved. Many surgeons in this country have therefore

fallen back on the older methods, and especially the McMurray osteotomy. This is a high osteotomy performed just above the lesser trochanter of the femur, the shaft being displaced medially under the head of the bone, the main idea being to correct the line of weight-bearing. The curious thing is that pain is usually relieved even though the correct displacement is not achieved, and nobody really knows why this should be. Moreover, although the patient still has an arthritic hip the pain rarely returns. Until recently the long period of immobilization in plaster required made it an unpopular procedure, but now with internal fixation of the osteomy this drawback is removed.

The present position is this country therefore is to arthrodese the hip in the younger patients, to use osteotomy or some similar procedure in the elderly, and to continue to strive after the ultimate ideal, which is a reliable arthroplasty that will stand the test of time.

Now my time is almost up, and you may wonder that I have said nothing about two other important subjects, namely Poliomyelitis and Tuberculosis.

As regards the former, it is your misfortune to have had a far greater experience than we have, and I would only say this—that we have both changed in our outlook on treatment from that of rest and rigid splinting to a regime of controlled and graduated activity.

The treatment of Surgical Tuberculosis in both our countries has been modified by the advent of antibiotics. Their use has made it possible to undertake radical surgery earlier, more effectively, and more safely. But I think there is a danger that we may rely on them too much, for there must always come a time when the protective umbrella is removed, and the patient's natural defences must take over. I believe that antibiotics should therefore be used as a trump card, to be played with discretion in order to render the traditional surgical and constitutional methods more effective, but *not* as a substitute for them.

I have now discussed very sketchily only a few of many problems in the field of orthopaedics, and you may well feel that I have said nothing new, either. But perhaps I have at least shown by that, not how much we differ, but how closely we work and think alike in this fascinating art.

NOTICE

NEW GUY'S HOUSE

The Foundation Stone of the New Building will be laid by The Rt. Hon. The Viscount Nuffield, G.B.E., C.H., F.R.C.S., D.C.L., F.R.S., President and Benefactor of the Hospital, on Friday, 19th September, 1958, at 3 p.m., following a Dedication Service conducted by The Rt. Rev. Bertram F. Simpson, M.C., D.D., Lord Bishop of Southwark.

PEDAGOOGLY—VII.

For hirsute woman and for shapely male
*P*lani plays a chromatinic scale.*
Only skin deep, the nuclei reveal
The sort you are, however you may feel.
Yet to your impulse you should still surrender ;
A meeting's more important than agenda.

THE CASE OF WILLIAM SHAKESPEARE

By H. St. H. VERTUE

II

SHAKESPEARE was a fruitful writer, producing approximately two plays each year. Words were obedient to his thought, order and choice instinctive, imagination fertile, with the result that he wrote with ease, and since he was not a writer of the careful kind that seeks perfection by revising and erasing, that he wrote a great deal. The comic force was astir in him. He was not a man wrapt up in himself but one who entered with spirit into the world about him and found in his fellows the richest mine of interest. "Man delights not me: no, nor woman neither" goes heavily with his disposition; and woman, I suspect, delighted him most. He seems to be perfectly healthy in mind, to offer nothing for the new Smelfungus to explore. There is much in him at the height of his career that reminds us of another great Englishman, Dickens, who had all the qualities that I have mentioned and resembled Shakespeare also in that he was capable, vigorous and successful. It is true that he had not Shakespeare's lyrical power nor his romantic charm, true that for female portraiture he all too often gave us dolls, true that he was inferior in tragedy, though there he is under-rated; but had he lived in Elizabethan days, he would have made his mark as a dramatic poet, and it is he who would have given Shakespeare a run for his money, not Mr. Bernard Shaw—pamphleteer and religious controversialist. It is to be noted too that both men were actors, one following the professional course, the other confining himself to extraordinarily successful readings from his own works. They even by chance suffered the same hard fate, to have married the wrong woman! Thus living as they did in ways so like, dying they came to a similar end: so I believe.

In these ways then Shakespeare led his life to the full, man of business, gentleman about town, actor and dramatic poet, enjoying greatly his own success. History and comedy took up his mind during these golden years. After the transitional plays, King John, King Richard the Second and The Taming of the Shrew (which is not wholly Shakespeare's), come Julius Caesar, the tetralogy that includes Falstaff and the four comedies that have won him more popularity than any other work save Hamlet, namely The Merchant of Venice, Much Ado, As You Like It, Twelfth Night. It would be superfluous, indeed tedious, to set about praising them and would carry us no further towards our goal. "His praise is this, he can be praised of none". Instead let us see how Shakespeare was meeting his deprivation. To compensate himself for the loss of a real woman's love he created a set of portraits, the most wonderful ever contrived, of women, "wise, fair and true", marriageable brides, who comes each one with a gift in her hands of life-long happiness for her fortunate spouse and enters into wedlock with uninhibited joy. Shakespeare's phantasia of the bride that is to be man's wife seems to me like a fountain playing in sunshine, ever varying, ever constant, "scattering the liquid joy of life" with shifting rainbow lives. The marble base is her honour, her love, her loyalty, her wisdom, things more durable than poet's verses. Lydia's kisses were to Horace the quintessence of Venus' nectar: Shakespeare's Rosalind is the quintessence of womanhood, all the merits, all the delights of the sex distilled into one small space. But alas for Shakespeare! he could not embark upon the very quest that was nearest to his heart.

"*. . . Down upon your knees,*
And thank Heaven fasting for a good man's love!"

Rosalind's own words! But that good man's love Shakespeare never could bestow. To his ideal of marriage and the bride he was constant: there is no place in his dramatic works where he even hints that a man should ask any more of a woman

whom he loves, or any less, than that she should be his wife, though for him marriage was what Shelley called it,

"*. . . life's great cheat, a thing*
Bitter to taste, sweet in imagining."

He has gained in popularity thereby, but he lost much happiness; and our quest is to decide whether he did not also suffer in health.

In Shakespeare's plays therefore the lover is not stealing to the bedside of a sleeping Lesbia, to gaze mute and Argus-eyed at so much beauty in repose; nor does his page hasten to Lyde's sly retreat, to bid the minx step forth, knot back her hair with mock severity in the Laconian style and bring her ivory lyre. Yet there *was* a Lyde, a minx and a musician, in Shakespeare's private life; and she is called "The Dark Lady of the Sonnets".

Like Heine I do not much care for discussing Shakespeare's sonnets because of the unhappiness displayed therein; but to do so briefly belongs to our purpose. In those addressed to the Dark Lady there is nothing of the full-bodied joy that Shakespeare takes in his brides and heroines; neither is there any approach to the delight of the Pagan in a natural and (he would say blameless) pleasure, nor does the fine poetry ensue. The key to the state of feeling behind them is to be found in the concluding couplet of Sonnet cxli.

"*Only my plague thus far I count my gain,*
That she that makes me sin awards me pain."

This sense of sin has ruined all; and so great is the disappointment of the bard, that his gall is spilt upon his partner, even though he makes use of her. I hope that she never read what he wrote, but the hope is slender. Love well rooted in the maternal soil is likely to be the most beautiful but may not always be the most robust plant; and Shakespeare's love has resemblance to some lily that betrays in summer by its twisted lower leaves that there has been a cutting wind in spring.

"*The canker galls the infants of the spring*
Too oft before their buttons be disclosed,
And in the morn and liquid dew of youth
Contagious blastments are most imminent."

Thus foiled he was visited by love in another form, as the world well knows, "even in the lovely garnish of a boy", as he wrote of Jessica. In the world of his theatre there was a crepuscular zone that might encourage delicate fancies, of boys pretending to be girls—pretending to be boys pretending to be girls, if they took the part of Rosalind. Surely there must have been some Cnidian Gyges in the company.

Quem si puellarum insereres choro,
Mire sagaces falleret hospites
Discrimen obscurum, solutis
crinibus ambiguoque vultu.

Perhaps the boys moved with more nimbleness and grace than was usual with girls in their cumbrous Elizabethan clothes, and so made an appeal to Shakespeare's aesthetic faculty; but the deeper reason for this aberration would be that intercourse, and therefore the feeling of sin, could be separated away from it in another compartment of thought. Unwittingly he was following Plato, of whose works he had probably never read a word, with his allegory of the two horses, the white and the dark, that bear along the soul in its chariot. The white horse, his "better love" Shakespeare called it, was his pure desire for the beauty of the youth, whereas his passion for the Dark Lady was the dark horse, which ran away with the chariot. Simultaneously with this rôle the woman was implored to sustain another, that of a mother stilling her crying child with kisses (cxliii). It was a profoundly unsatisfactory solution—in fact no solution at all. The very dichotomy is a mark of imperfection, for the true lover loves the whole of his beloved and, it may be, loves only her. And then to lay sin upon the female flesh, that is the shrine of beauty, and to decline upon the wrong sex! "O Bottom, thou art changed! What do I see on thee?"

Yet one must be sorry for Shakespeare, because he asked for no more than his rights, a wife upon whom he could lavish the treasures of his heart and therewithal a blessing to sanctify his love; and even though such blossoms as Rosalind and Portia may be among the rarer finds, there are always Celia and always Jessica, both to be aptly described as "pets". But cruel law forbade him to make a second attempt at marriage, because the first had been a blunder: nothing could be more senseless nor unkind. There was one thing about woman, it seems, that he did not know, that she herself, if she is held in honour, sanctifies love; and that a formal vow is then not a necessity, though it is an added grace to be desired. But since

Shakespeare did not see matters in this light, he despised the woman who gave herself to him and despised himself for taking what she gave, robbed of his wisdom and his customary urbanity by the destructive feeling of sin. Therefore he sought refuge in a solemn homosexual love, eminently respectable and desperately serious, but disappointing as a rose that carries no perfume. Nor did "the master-mistress of his passion", the man who was first created for a woman till Nature changed her intention, mind his paces sufficiently well as the white steed. Immortal Oscar, who well knew, whose theory of the sonnets is the best, has left behind a record of what such persons are like, vain though charming, fond of flattery, insincere, unreliable, untruthful. Shakespeare was baffled. Look where he would, he could find no satisfaction, nor any prospect of satisfaction. His anger now starts out in his works; and it came to possess him so, that for a while he wrote for his own soul's good, without regard to gain or reputation. It is the beginning of the time when his health was undermined.

Twelfth Night and Julius Caesar bring to a close the golden years of Shakespeare's art, to which the tragic period succeeds, opening with the most famous play in the world, Hamlet. For first provoking the desire and then failing to provide the satisfaction Shakespeare has now turned against the other sex. In what follows the words may issue from the mouth of Hamlet, but the mind that gave birth to them was Shakespeare's own. "I have heard of your paintings too, well enough; God hath given you one face, and you make yourselves another: you jig, you amble, and you lisp, and nick-name God's creatures, and make your wantonness your ignorance. Go to, I'll no more on't, it hath made me mad . . . To a nunnery, go." That Hamlet really was mad was the belief of the insulted girl to whom these words were addressed; and the poet himself may have been alarmed by the sombre feeling that possessed him. It is probable enough that the outburst, though it shows neither good sense nor good manners, relieved him—a kind of "abreaction"—and he discharges some more of this deleterious matter in the closet-scene, where Hamlet upbraids his mother for her connexion with Claudius. Since I have already pointed out how vital to a poet's inspiration is the representation of the mother stamped upon his mind in childhood as a loving and protecting power (*Greece and Rome, second series, III, 2*; *Guy's Hospital Gazette, lxix, 1741*), there is no need to go into the matter again. We do not know Shakespeare's mother; but from the portraits that he makes of beautiful, lively and loving women as well as from the extreme excellence of his poetry we may reasonably infer that she was a fascinating person. What more natural, then, than that the poet should evoke this ideal figure as the thing most averse from "a pair of reechy kisses", though only a poet could manage the evocation? Much more doleful explanations of Shakespeare's difficulties could be put forward today than any that I have advanced (and very likely they have been); but such notions are still too raw, are perhaps incomplete, perhaps inaccurate, perhaps quite erroneous. Therefore, *Musarum sacerdos* for the moment, I forbid them entrance.

Odi profanum volgus et arceo:
Favete linguis.

For his next play Shakespeare turned to the mediæval fiction of Troilus and Cressida. Heroes of the Trojan war lend their names to this strange fantasy, but the mediæval characters are impostors and, as Shakespeare fashioned them, hold nothing to awaken our admiration. The view of human nature here displayed is that it is rotten, and the frame of mind is much like that of a realistic novelist; and the play is so disjointed that nothing seems to hold it together, unless it be Uncle Pandarus. To remind us that Shakespeare wrote it there are a few great speeches—nothing more. But Cressida is a good study of an early type of woman that was in its prime when small companies of human beings roamed the forests and all the females were promiscuous.

Et Venus in silvis iungebat corpora amantum;
Conciliabat enim vel mutua quamque cupido
Vel violenta viri vis atque impensa libido
Vel pretium, glandes atque arbuta vel pira lecta. Lucr.

Troilus on the other hand, mistakenly supposing that a passion that is purely physical is permanent, is not interesting. He does not obey the moral law of Shakespeare's world that a love that is meant to last needs sanctification; and his love comes to a bad end. This play provides the strongest evidence that Shakespeare was disgusted and sore.

He next goes back to the calamity of his youth, posing the question, "Should a

woman woo?" and the answer seems to be, "Only if her wooing does not lead to marriage, for the pride of man will not allow him to be tied to a woman when the choice is hers". To work out the story he took up a lost play of his early days, Loves Labour's Won, and re-wrote a large part of it. He deals very tenderly indeed with Helena, the woman, whose husband is awarded to her, as she wishes, on account of her merits. She is humane, intelligent, purposeful as most of Shakespeare's heroines, warm-hearted and impulsive, and disarmingly modest in spite of her boldness. The reluctant recipient of her favour, Bertram, is insolent and selfish and calls her his "clog". In forcing him into marriage she has made a mistake and she has to humiliate herself before winning him over. A play of many merits, it is yet too improbable to be successful; but in the study of Shakespeare its value is great. The wise and kindly man is applying to his wounds the salve of forgiveness.

In his next play, Measure for Measure, he has progressed to a more philosophical consideration of his problems. As a play it rambles; as a story it is impossible; and in the more pedestrian parts it is so carelessly written that is it often hard to be sure of Shakespeare's meaning; but here and there it rises to peaks of grandeur and it is rich in broad comedy. Next to Hamlet it gives the strongest proof of Shakespeare's intellectual capacity. Not a little of the humour hangs about brothels of the Continental type, with a Madame, or in plain Elizabethan a bawd, presiding. Shakespeare, too fastidious himself for such a primitive method of gratification, is also too tolerant to reprehend in simpler folk what his more highly organized self would disdain. Therefore, though he recognizes them as dangerous resorts on account of venereal disease, he looks upon them otherwise as a rather disreputable joke, creating a Lucio as the exemplar of the patron, who is as funny as any young man out of Wodehouse and in his own way as amiable. There are two problems that Shakespeare studies, both his own, and they are, Why is sin attached to sex? and What is its value? As everyone probably knows, sin is embodied here in the "prenzie" Angelo, a Puritan, who, having been given plenary power as a justice, uses it to arrest and condemn to death a young man who has got a young woman with child; but lets it be known that he can be bought off, if the youth's sister will surrender her body to gratify his secret lust. Shakespeare has won for himself a most valuable piece of knowledge, namely that a stringent desire to repress sex in others springs from a powerful sexual urge in one's self; or in other words, the guilt that the Puritan imputes to the rest is the guilt that he feels about himself. Having stepped thus far Shakespeare advances again. Isabella, the woman who innocently inflames the lust of Angelo, is a novice in a nunnery on the verge of taking her vows; that is to say, she is heavily inhibited and would suffer the maximum of shame from defloration. Angelo thus emerges as a sadist; and the conclusion is reached that the fell association of cruelty with love is a source of the feeling of sin. It is true that it is not the only source; but no matter for that. Our English poet had found out for himself unaided what the Teutons and Hebrews of Central Europe laboriously worked out three centuries later. He does his best too to be fair to Isabella. She can perceive Angelo's offence as a betrayal of justice as well as a trespass against herself (not all women would); but she is not kind and has to be urged on by the rake Lucio to plead for her brother's life; and when the Puritan's ultimatum has been delivered and her brother appeals "Sweet sister, let me live", she turns upon him with vituperation, "O you beast! O faithless coward! O dishonest wretch!"

Quo magis in dubiis hominem spectare periclis
Convenit adversisque in rebus noscere qui sit;
Nam verae voces tum demum pectore ab imo
Eliciuntur et eripitur persona, manet res. Lucr.

"Therefore it is fitting to watch mankind in doubt and danger and to learn the behaviour in adversity, for then the true voice is wrung from the bottom of the heart and the mask is snatched off: reality remains". Isabel is a selfish egotist obsessed with sin, as cold, as hard as ice. Shakespeare had married off the sadistic Angelo to the masochistic Mariana (correct, but horrible!), but did not know what to do with Isabella when his mazy play was near its end. "To a nunnery, go?" Not now! It was the voice that breathed o'er Arden to which he gave ear. Somehow the creature must be made to give thanks for a good man's love; and so with a reckless disregard of probability she is married off to "the old fantastical duke of dark corners"!

Measure for Measure is not, I must say, one of Shakespeare's best plays, but it is one of his greatest achievements. He had won his way to a strong position: for a while again all was fair.

(To be concluded.)

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—The Editors have, as *Passim* of 30th August shows, incautiously lent themselves to that least reliable of all sources of information—rumour. Guy's, they say (for some reason best known to *Passim*), has 'rather a poor reputation among the local police stations for helpfulness'. This, they say, 'comes to our ears out of the horse's mouth.'

Now horses commonly mislead their followers, and the Editors have undoubtedly been taken for a ride here. Maybe some recent brush with an officious young constable has resulted in their receiving a 'blister'; maybe some Guy's man has forgotten to take his case notes to Court; maybe a report promised in all good faith has got set aside for some more pressing clinical problem, or maybe, perhaps, one of the Editors has so forgotten his manners as to address himself uncivilly to the Station Sergeant.

But let there be no doubt that, speaking generally, Guy's has an excellent reputation among both Metropolitan and City policemen of all ranks, and, setting human foibles aside, young Guy's men who are feeling their way with officialdom bring credit on their Hospital and School. Let no Editor throw into *Passim* some 'on dit' that reflects discredit on Guy's where none exists. Guy's men may possibly not be that little bit better than the others, but in the eyes of the Law they're certainly as good.

Yours, etc.,

KEITH SIMPSON.

Department of Forensic Medicine,
Guy's Hospital, S.E.1.

SIR,—As an ex-police constable from Southwark Police Station, I read with amazement, and a certain amount of disgust, your article in the *Gazette* published for the 30th August which stated that Guy's did not co-operate with the police.

I would like to contradict this statement very strongly and I would add that I always found that both the nursing and civilian staff were most co-operative and, as an after thought, provided excellent refreshments whenever an occasion arose.

I hope you will overlook the fact that I have not stated my full name and address, due to possible repercussions on both sides, should this letter be printed.

Yours, etc.,

I. R. C.

Kingston-upon-Thames.

REVIEWS

The Pharmocologic Principles of Medical Practice. By JOHN C. KRANTZ, Jr. and C. JELLEFF CARR. Fourth Edition. Published by Baillière, Tindall & Cox, London. 1958. *Price* 112*s*.

This excellent reference book has a straightforward approach to pharmacology. It aims at explaining what to do and why, how to do it and when.

For the fourth edition the text has been thoroughly revised. Comments on 140 new drugs have been included, but care is always taken to avoid giving undue prominence to preparations that are of unproved value.

By far the largest section of the book is on the response of the nervous system to drugs. The newer anaesthetic and analgesic agents are well reviewed and there are clear notes on the various depressant and stimulant drugs that have been introduced recently into medical and psychiatric practice. Another large section deals with chemotherapy and antibiotics and a third with steroid and other substances that influence metabolism. At the end of every chapter there is a list of official American preparations of the drugs which have been discussed, but this is always followed by a list of preparations of the British Pharmacopoeia, so that differences of terminology do not confuse the reader.

M.H.L.

Basic Cardiology. By T. E. GUMPERT, F.R.C.S. John Wright & Sons Ltd. Pp. 176. 72 Illustrations. *Price* 25*s.*

Dr. Gumpert's "Basic Cardiology", apart from a few additional chapters, is a series of lectures delivered at Sheffield. The author has a wide experience of his subject and his lectures are full of useful hints and the wise philosophy of a general physician; they must be a joy to attend.

The easy style of a lecture does not always make for concise and accurate description which is required in a book of this title. Some of the homely explanations may make things more confusing. For instance, it is doubtful if the analogy of military command is helpful when explaining the arrhythmias. Unfortunately errors have crept in, such as the statement on page 80 that there is no diastolic collapse in the cervical veins in a patient with constrictive pericarditis.

The descriptions of the lesser used special investigations are not detailed enough to be useful and in the case of Ballistocardiography would be best omitted. It is surprising to read that a phonocardiograph should be taken to confirm a pericardial friction rub and that irregularity is more easily noted at the wrist than by listening to the heart.

Excellent advice is given in the sections dealing with treatment, but those in active practice may be disappointed by the brevity of the section on hypertension. The chapter devoted to the innocent murmur, although rather strangely headed "When Is a Murmur Not a Murmur" could, with advantage, be read by all physicians. It is a very clear description of a difficult subject.

The book is intended to bridge the gap between detailed textbooks on cardiology and the sections in general medical textbooks. It is beautifully set out, and of such a size that it can be easily read in its entirety. Those with a previous knowledge of the speciality would find it refreshing and stimulating.

T.R.L.F.

Technique of Fluid Balance. Principle and Management of Water and Electrolyte Therapy. By GEOFFREY H. TOVEY, M.D. Oliver and Boyd, 1957. London and Edinburgh. Pp. 100 and viii. *Price* 12*s.* 6*d.*

There are many books on the market at the present time dealing with this important subject, a number of which have been published in recent years. Apart from introducing a new design in fluid balance charts this book does not offer any great advances in the subject, but it has certain marked advantages over the others. Firstly, it is a much shorter account of electrolyte therapy than the majority of those already published, and it is set out in a way which is easy to read and thus renders it suitable for the Houseman or busy Practitioner who has only a limited amount of time available for such study. Secondly, it emphasises the necessity of thinking in terms of milliequivalents rather than milligrams when planning replacement therapy, and in doing so explains these terms, their uses, and why they are necessary.

An adequate knowledge of this subject can save lives, both in surgical and medical practice, but at the same time it can be a dangerous tool, in the hands of those with minds clouded by ill-understood detail. This book can disperse many of those clouds, for the text contains many elementary details of the subject, knowledge of which is so often taken for granted by other authors, and at the same time covers most of the eventualities liable to be met in routine practice.

There are few references given in the text, but this I consider an advantage, for anyone wishing to go deeper into the subject has the choice of many larger works available in most medical libraries.

A.J.S.

Homosexuality: Its Nature, Cause and Treatment. By CLIFFORD ALLEN, M.D., M.R.C.P., D.P.M. Staples Press. *Price* 15*s.*

Much of the literature dealing with human sexual behaviour is non-factual and often fanciful. Dr. Clifford Allen is to be congratulated on having written a comprehensive, simply worded account of his views on the nature, causation, treatment and prevention of homosexuality. Some readers might quibble at the inclusion of many anecdotal case histories but they are honestly presented and where treatment has been unsuccessful the author is unequivocal in his admission of this. This book can be confidently recommended to anyone interested in the reatment of homosexuality.

Medical Teleology. By PARKES WEBER, M.A., M.D., F.R.C.P. H. K. Lewis Ltd. *Price 15s.*

In this small book Dr. Weber reprints extracts from his writings. He has arranged it in two parts, and the first provides the title. In this part he attempts to show how teleological thinking can be used to deduce interesting and medically useful facts. For instance he argues that the segmentation of columns of blood in retinal vessels which occurs at death is the last effort of the body to maintain the circulation; that the gastro-intestinal symptoms which occur after over-eating are designed to discourage the latter. Medical teleology is, therefore, a system of thought which considers that a physiological or pathological process has purpose as opposed to effect.

This attitude to physiochemical events is generally regarded as scientifically unsound: in classical physics each event is regarded as being dependent on what has happened before, deriving nothing from what follows. In biology, and especially in evolutionary biology it is considered that hereditary characters develop because those organisms with them are better able to survive than those without; not the teleological view that organisms acquire characters to enable them to survive. By adopting his view Dr. Weber disagrees with accepted scientific thought.

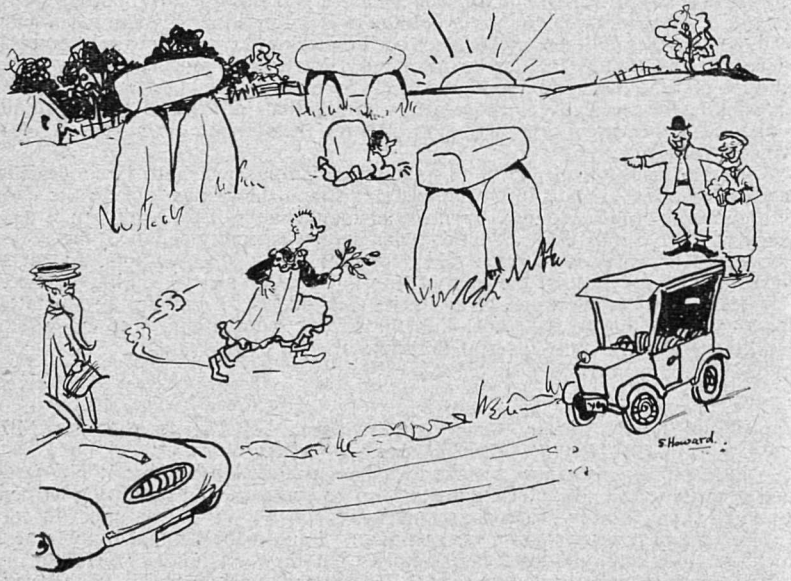
However, Dr. Weber has been a collector of rareties all his life, and medicine owes much to him, as witness the number of conditions which bear his name. The second part of his book contains a selection of articles and essays, and illustrates his wide variety of interests. There are plenty of medical titbits to be found in this book, enough to make it worth reading for anyone who has the time to potter; but beware the teleology.

S.N.

ERRATUM

The publishers of *High Arterial Pressure*, by Professor F. H. Smirk, are Messrs. Blackwell Scientific Publications Ltd., and not Messrs. Livingstone, as stated over the review in the *Gazette* of 16th August.

SPORT



Delayed Pigeon Post brings us this view of the Motoring Club on their Stonehenge rally.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Dental Radiology** to attend on 3 sessions per week, to commence duties on the 1st November, 1958.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E 1, to whom applications should be sent not later than **Friday, 3rd October, 1958.**

GUY'S/MAUDSLEY NEUROSURGICAL UNIT

A vacancy will shortly occur in the above Unit for a **Departmental Sister.** The successful candidate will be responsible for the theatres and the nursing care of thirty patients. Applications giving details of training, qualifications, experience and age should be sent to the Superintendent of Nursing, The Maudsley Hospital, Denmark Hill, London, S.E.5.

UNIVERSITY OF LONDON

Representatives on Schools of the University

Guy's Hospital Medical School

Dr. E. R. Cullinan, M.D., F.R.C.S., and Dr. J. Forest Smith, F.R.C.P., M.R.C.S.

St. George's Hospital Medical School

Mr. E. G. Slesinger.

GUY'S HOSPITAL DENTAL DEPARTMENT

Times of Out-Patient Clinics of the Dental Consultant Staff from 1st October, 1958

Monday

Morning Mr. Thompson
Afternoon Prof. Rushton (Special Cases only)
Mr. Macdonald
Mr. Pringle (Children)

Tuesday

Morning Mr. Rix (Children)
Mr. Warner
Afternoon Mr. Holland

Wednesday

Morning Mr. Mansie
Afternoon Mr. Bridge

Thursday

Morning Mr. Macdonald
Mr. Pringle (Children)
Afternoon Mr. Thompson

Friday

Morning Prof. Herbert
Afternoon Mr. Holland

Saturday

Morning Mr. Bridge

It is stressed that this service is for Specialist requirements and not for routine treatment. In every case the patient must produce a letter of introduction and any relevant records from the practitioner.

GUY'S HOSPITAL MEDICAL SCHOOL

Beaney Prize for Pathology

1958

The following awards were made:

J. S. Cameron—First Prize

R. B. Huddy —Second Prize

NURSING NEWS

Entered:

S/N Singleton to *Evelina.*
S/N L. White to *Nuffield C.*
S/N Storey to *Nuffield D.*
S/N I. Bedford to *Nuffield B.*

Left:

Sister A. Long (*New Cross*).
Sister P. Saggers (*Evelina*).
S/N M. Pierce (*Addison*).
S/N M. Gill (*Salomons' Centre*).
S/N P. Gibbins (*Diplock*).

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

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CLERK SHORTHAND TYPIST who can duplicate, keep records and file. Age 20/35 years of age—prospects. 5 day week, 9 a.m. to 5 p.m. Write experience, present salary: Secretary, Box 20, c/o *Gazette* Office.

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SPORT EQUIPMENT & CLOTHING at a special discount to Guy's Staff and Students. C. R. Thompson Ltd., 41, Railway Approach, London Bridge, S.E.1.

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Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Acharya, B. K., Sullivan, F. M., and Robson, J. M. Immunity in Experimental Tuberculosis. *Amer. rev. Tuberc.*, 1958, **78**, 203.

Blake, G. C. An Experimental Investigation into the Permeability of Enamel and Dentine with Reference to its Relation to Dental Caries. *Proc. R. Soc. Med.*, 1958, **51**, 678.

Falconer, Murray A. Discussion on Surgery of Temporal Lobe Epilepsy. *Proc. R. Soc. Med.*, 1958, **51**, 613.

Hayton-Williams, D. S. Lower Border Wiring of the Fractured Mandible: Indications and Technique. *Brit. J. Plast. Surg.*, 1958, **11**, 158.

Joseph, M. C. and MacKeith, R. C. Illustration Display Stand. *Lancet*, 1958, **ii**, 445.

Kilpatrick, F. R. The Prostate in General Practice. *Med. Pr.*, 1958, **240**, 823.

Lorber, John. Diabetes Insipidus following Tuberculous Meningitis. *Arch. Dis. Childh.*, 1958, **33**, 315.

Northfield, D. W. C. Discussion on Surgery of Temporal Lobe Epilepsy. *Proc. R. Soc. Med.*, 1958, **51**, 607.

Rewell, R. E. Population Structure and the Apparent Incidence of Cancer: A Study of Endometrial Carcinoma in England and South India. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 590.

Southwood, W. F. W. and another. A Clinical Evaluation of Nephrotomography. *Brit. J. Urol.* 1958, **30**, 127.

Tomkinson, John S. Hospital Reports. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 665.

CHANGES OF ADDRESS

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Sqn. Ldr. J. Ernsting, O.B.E., R.A.F., 4 Old Rectory Gardens, Farnborough, Hants. (Tel. Farnborough 562.)

P. J. Frost, B.Sc., M.B., B.S., D.Obst.R.C.O.G. P.O. Box 567, N'Dola, N. Rhodesia.

J. D. Haworth, L.D.S., R.C.S., Tangier House, Tangier Wood, Burth Heath, Tadworth, Surrey.

J. C. Kingston, L.D.S., R.C.S., 56 Wellsway, Bath, Som. (Tel. 5847.)

A. H. Shelswell, M.R.C.S., L.R.C.P., Sibford, Old Mill Lane, Marnhull, Sturminster Newton, Dorset. (Tel. Marnhull 203.)

J. D. Trezona, L.D.S., R.C.S., Bridgelands, Chudleigh, S. Devon. (Tel. Chudleigh 2109.)

BIRTHS

ADAMS.—On 24th August, 1958, at Guy's Hospital to Dawn (née Cozens), wife of James F. R. Adams, M.B., B.S., a son (Stephen Paul Renwick).

HENRY.—On 8th August, 1958, at Winters, Main Road, Hockley, to Pip and Ian Henry, M.B., B.S., a sister for Philip and Mark (Belinda Jane).

PAGET.—On 28th August, 1958, at the Kent and Canterbury Hospital to Valerie (née Cooper), wife of Seaton Paget, M.B., B.S., D.R.C.O.G., a daughter (Sally Elizabeth), a sister for Jane.

PENNEY.—On 26th August, 1958, at Bishop's Castle, Shropshire, to Belinda (née Rudd), wife of St. John Penney, a son, a brother for Adrian.

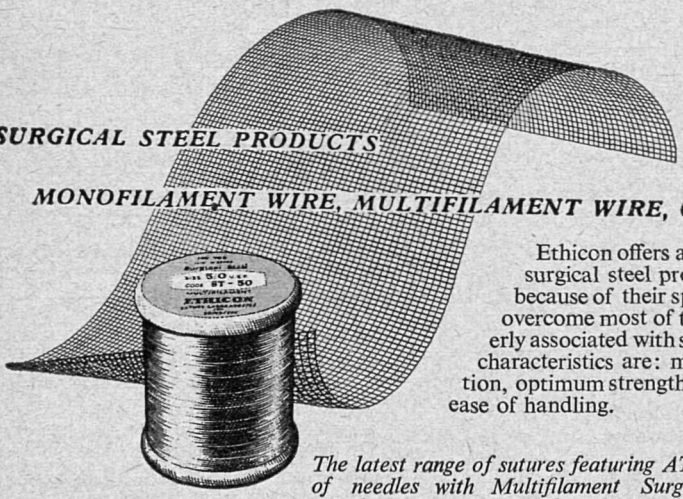
PRICE.—On 31st March, 1958, at Sarnia, Ontario, Canada, to Frances (née Stone, Reg. N.), wife of John Price, M.B., a daughter (Carran).

SHUTE.—On 14th August, 1958, at Guy's Hospital to Anna (née Lawson, S.R.N., S.C.M.), wife of André Shute, M.R.C.S., L.R.C.P., a son (Clive), a brother for Jane and Fiona.

STOKER.—On 23rd August, 1958, to Anne (née Forster, S.R.N.), wife of Dennis Stoker, M.R.C.P., a daughter (Catherine Jane), a sister for Claire, Philip and Neil.

THORNTON.—On 25th August, 1958, at Almondsbury, Bristol to Helen (née Hodson), Wife of Robert L. G. Thornton, L.D.S., R.C.S. a son (John), a brother for James and Catherine.

EDS. { J.A.W. / D.N.L.



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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1831 27*th September* 1958 *One Shilling*

PASSIM

TEACHING hospitals tend to be the homes of particular specialities, often by accident though sometimes by design. These play their proportionate parts in the work of their hospitals, but are the facets which catch the public eye, and become identified with them ; thus particular fields of research and treatment are immediately called to mind when certain hospitals are mentioned. Guy's has long enjoyed a reputation, unique in its comprehensiveness, for the astonishing clinical insight of her physicians of last century, and for the fact that the questing outlook and atmosphere which produced men like Bright, Wilks and Addison is so strikingly alive today. New concepts attract the enthusiasm and support of the profession and of laymen alike, and since the war Guy's has become known in a new pioneering rôle in the field of cardiac research and surgery. Sir Russell Brock's giant strides on untrodden ground have emphasized that the constant search for new steps succeeds best when it is undertaken from the firm foothold of a great clinical tradition. When a department in a hospital makes such strides, it is right to ensure that limited manpower and facilities shall not be the factors which hinder further advance. We therefore note with great satisfaction that the Board of Governors has invited applications for two new consultant posts, an Assistant Thoracic Surgeon who will work with Sir Russell Brock, and an Assistant Physician in the Cardiac Department. The expressed intention of the Governors is to encourage the Department in the promotion of research and in the development of new fields of cardiac surgery. It is an aim with which Guy's men and the profession will be wholly in accord, and the steps now taken to further it will be warmly applauded.

We congratulate Professor R. H. S. Thompson upon his appointment as a member of the Medical Research Council.

With straight faces, we congratulate Mr. J. Barber, Assistant to the Superintendent, upon his becoming an Honorary Citizen of the city of Sparks, Nevada (Gateway to the 1960 Winter Olympics). Mr. Barber had an intriguing morning last week, for he was showing round four American visitors, Drs. Ewens, Millburn and Engelskirger, and Dr. William Bryan, who is Chairman of the Sparks Chamber of Commerce. In the crypt of the Chapel, the visitors were startled to see, in a vase with some dead flowers, a small cloth flag, with thirteen white stars on a blue diagonal cross against a red background. This

was the flag of the Confederate Southern States in the American Civil War. A card pinned to the flag, which stood on Sir Astley Cooper's tomb, bears the words "To Sir Astley Cooper. Thanks from Assistant Surgeon Samuel L. Bonner, Confederate States Army". On the reverse side is an identical inscription to Sir James Paget. The flag is of recent manufacture. The Chaplain, Mr. Barber and especially our incredulous visitors, would welcome any light on this agreeable little mystery.

New Guy's House came into its own last week when Lord Nuffield laid the Foundation Stone. The usual Park-centred train of weekly events gave way to a general bustle in which everyone had one eye on the building site. The notices in the Park were painted, as were all windows and stationary objects between the Colonnade and Great Maze Pond. It was universally regretted that so few could be invited to assemble around Lord Nuffield, but good humour prevailed, and Guy's really took possession of the building for the first time while the visitors had tea. Ghostly future ward rounds, operations and lectures sprang to life as groups of nurses and students explored the vast interior of the building, while the top floor, of the eight so far erected, saw Everest-conquering heroes comically deflated as they arrived on top to find, as one of them said, "half of Guy's taking the air".

The patients in *Ruth* and *Barnabas* have recently been the first to use the portable telephones which can be plugged-in at the bedside. They are soon to spread up to the other floors of Hunt's House, and will be available throughout New Guy's House. These "tele-trolleys", as they are known, have been made available through a bequest from a former Guy's surgeon.

The Physiology Theatre was filled with distinguished members of the medical and nursing professions when the Presentation of Medals and Awards of the School of Nursing took place on Thursday, 18th September. Lord Cunliffe, the Chairman of the Board of Governors, introduced the Matron, whom we were glad to see looking so well after her recent illness. In her report, Miss Addison referred to the fact that disturbingly large numbers of nurses are leaving Guy's without completing their fourth year of training, and are later finding it a distinct disadvantage not to have gained their Guy's certificate, particularly those who have emigrated and found themselves to be ineligible for the appointments they had hoped to take up. This point was also stressed by Professor Ronald Hargreaves, Professor of Psychiatry in Leeds, in his address before presenting medals and prizes. Mr. J. B. Blaikley, appearing at a prizegiving for the first time as Superintendent, had several points which he urged upon nurses; they should, he said, stand up for themselves if they thought surgeons were rude to them or unfair; they should ask questions when they felt inclined and should make it clear when they disagreed with a course of action. We look forward with bated breath to the testing of these theories.

We hear with mixed feelings that the telephone exchange to serve the whole Hospital when New Guy's House opens, is to be installed in the living room and dressers' bedrooms of what is now the surgical take-in flat, in a very few months' time. The important question of alternative quarters has to be settled, but meanwhile we are sad that the scene of so many culinary triumphs by bewildered but happy surgical ward-clerks is to go.

Dr. Peter Gregory, of 7, Parkdale Crescent, Calgary, Alberta, has offered to give any possible help to Guy's men who are thinking of emigrating to Canada. Contacts between Guy's men abroad, whether they have settled or are travellers, give great pleasure to all concerned, and it is pleasant to record such offers of help to would-be migrants.

An interesting point of etiquette occurred when the Mayors of Bermondsey and Southwark were present at the Foundation Stone ceremony. The Mayor of Southwark takes precedence in the court-yard and Colonnade, but on the other side of Great Maze Pond the Mayor of Bermondsey becomes the host and Southwark men become the visitors. Of no practical import, this point emphasized the ties which the Hospital enjoys with both Boroughs, while New Guy's House will mark, we think, the first time that Guy's has had beds in Bermondsey.

The 44-hour week recommended by the Whitley Council for Nurses is now on trial at Guy's in the form of "pilot schemes" among the nurses staffing *Addison*, *Bright* and *Wilks*, *Job*, *Dorcas*, and *Patience* and *Samaritan*. There are two schemes under test; the main difference is that one set of nurses have two complete "days off" in a week, while the other set has one whole day and two halves.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
OCTOBER			Exhibition. Department of Surgery. *The Knee.*
2nd	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Swellings in the Scrotum.*
3rd	F	7.00 for 7.30.	Guy's Hospital Biennial Dinner. Connaught Rooms, Kingsway, W.C.1.
6th	M	1.00	Dr. A. Maumanee, M.D. (Ophthalmologist-in-Chief of Johns Hopkins Hospital). Clinical Lecture. *Exophthalmos* (*including Endocrine Exophthalmos*).
9th	Th	1.00	Dr. A. Maumanee. Clinical Lecture. *Ocular Manifestations of Diabetes.*
13th	M	1.00	Dr. A. S. Grimble. Clinical Lecture. *Venereal Disease and the Individual.*

GUY'S HOSPITAL

THE LAYING OF THE FOUNDATION STONE OF NEW GUY'S HOUSE

BY

THE RT. HON. THE VISCOUNT NUFFIELD
G.B.E., C.H., D.C.L.(Hon.), F.R.C.S.(Hon.), F.R.S.
President and Benefactor of the Hospital

The Foundation Stone of New Guy's House was laid on Friday, 19th September, 1958, by Lord Nuffield, the President of the Hospital. The procession of dignitaries from the Colonnade passed between lines of Sisters and nurses representing the School of Nursing.

ORDER OF PROCESSION

The Rt. Hon. Lord Cunliffe
Chairman of the Board of Governors

The Rt. Hon. The Viscount Nuffield, G.B.E., C.H., D.C.L.(Hon.), F.R.C.S.(Hon.), F.R.S.
The President

Councillor F. W. Combes, J.P.
The Mayor of Southwark

Councillor W. H. Wardell, J.P.
The Mayor of Bermondsey

The Rev. K. Child, B.A.
Hospital Chaplain

The Very Rev. G. E. Reindorp
Provost of Southwark

The Rt. Rev. Bertram F. Simpson, M.C., D.D.
Lord Bishop of Southwark

E. G. Slesinger, Esq., O.B.E., M.S., F.R.C.S.
Vice-Chairman of the Board of Governors

The Rt. Hon. Derek Walker-Smith, T.D., Q.C., M.P.
Minister of Health

E. R. Boland, Esq., C.B.E., M.D., F.R.C.P.
Dean of the Medical School

C. F. Harris, Esq., M.D., F.R.C.P.
Vice-Chancellor of the University of London

A. E. Orchard-Lisle, Esq.
Chairman of the Building Committee

Miss J. Addison, S.R.N., S.C.M., D.N.
Matron

B. Lees Read, Esq., O.B.E., A.C.A., F.H.A.
Clerk to the Governors

J. B. Blaikley, Esq., F.R.C.S., F.R.C.O.G.
Superintendent

Lord Cunliffe welcomed the guests to the ceremony, and welcomed Lord Nuffield on behalf of the Hospital, paying tribute to his unfailing interest in the affairs of Guy's. He recalled the chequered history of the efforts made to rebuild Guy's, and welcomed the quick progress which the present Building Committee had been able to make since its inception in 1954, under the chairmanship of Mr Orchard-Lisle, and with the help of Mr. Lees Read, who was happily able to be present after his recent illness.

Lord Cunliffe then invited The Lord Bishop of Southwark, the Right Rev. Bertram F. Simpson, M.C., D.D., to dedicate the Foundation Stone. The Rev. Kenneth Child, B.A., the Hospital's Chaplain, read the Preface, and a hymn was sung, followed by prayers led by the Provost of Southwark, the Very Rev. G. E. Reindorp. The Bishop then blessed the Stone, and Lord Nuffield came forward to lay it, which he did with great thoroughness. The Minister of Health, the Rt. Hon. Derek Walker-Smith, T.D., Q.C., M.P., rose to move a vote of thanks to Lord Nuffield. He congratulated him on his accomplished performance of the "elusive and idiosyncratic art" of laying foundation stones, and then in more serious vein paid tribute to Lord Nuffield as a great humanitarian. Guy's, he said, was secure in the esteem and the affection of the whole world, and the new block was further evidence that Guy's future contribution to science and medicine would be worthy of its distinguished past.

Mr. A. E. Orchard-Lisle, Chairman of the Building Committee, seconded the motion. He paid special tribute to Mr. W. D. Doherty, the retiring Superintendent, for the stalwart work he did while Chairman of the Medical Committee, to Mr. Lees Read, the Clerk to the Governors, and to Mr. Burfoot, Assistant Clerk to the Governors, who carried so heavy a burden so well during Mr. Lees Read's illness.

Mr. Orchard-Lisle then presented to Lord Nuffield on behalf of the Board of Governors the oak book-ends used in laying the stone, bearing his own and the Hospital's arms.

God Save the Queen was then sung, and Lord Cunliffe closed the proceedings.

During tea the Architect, Mr. A. S. Gray, of Watkins, Gray, F.F.R.I.B.A., and Partners, presented Lord Nuffield with a silver-plated replica of the Foundation Stone in the form of a paper-weight, and Messrs. Y. J. Lovell, the contractors, presented a silver cigarette box in the shape of the Stone, on an ebony base.

Photographs of the laying of the Foundation Stone and of the day's events will appear in the next issue of the Gazette.

OBITUARY

SIR JAMES BENNETT HANCE, *K.C.M.G., K.C.I.E., O.B.E.*, M.A., M.D., F.R.C.S.E.

We announce with deep regret the death, on September 5th, of Sir Bennett Hance. Born in Cheshire in 1887, he studied medicine at Cambridge and Guy's Hospital, qualifying in 1911. In 1912 he joined the Indian Medical Service, and after serving in France and Persia during the Great War he started what were to be many years of service as resident surgeon in Waziristan, Jodhpur, Rajkot and Mysore, tackling all branches of surgery while maintaining a dominant interest in gynaecology. In 1941 he was moved to Central India to become inspector-general of civil hospitals, and in 1942 he became deputy director-general of the Indian Medical Service in Delhi, where a year later he succeeded Sir Gordon Jolly as director-general. Despite a severe illness he continued to work, both on tours in an advisory capacity and later in the Commonwealth Relations Office, for the development and improvement of medical education in India and the organization of health services in Ceylon. He died on 5th September after a mission overseas; he is survived by his second wife and by his two daughters, to whom we extend our deep sympathy.

THE CASE OF WILLIAM SHAKESPEARE

By H. St. H. VERTUE

III

AFTER his success in the realm of thought Shakespeare no doubt reaped the reward of the wise, that well-being of mind called *eudaimonia*. The crisis over, he turned his attention once more to fame and fortune, which since Hamlet he had let go by, for neither All's Well nor Measure for Measure were acted in Shakespeare's day, and of Troilus and Cressida the Quarto expressly says that it was "never staled with the stage nor clapper-clawed with the palms of the vulgar". He next delivered himself of Othello and Macbeth; and if fortune had not turned her wheel, many more masterpieces might have followed and not, as it happened, a single one. But now a new and terrible disturbance, quite different from any that had gone before, shook his being to the foundations.

> *. . . Filial ingratitude!*
> *Is it not as this mouth should tear this hand*
> *For lifting food to't?*

The tremendous force of King Lear precludes the notion that it is a purely objective work. Art based on human feeling faithfully observed and interpreted it does not seem to be, but rather the art that gives shape to intense personal experience. Let Shelley be our mouthpiece and define.

> *See the great bards of elder time, who quelled*
> *The passions which they sung, as by their strain*
> *May well be known: their living melody*
> *Tempers its own contagion to the vein*
> *Of those who are infected with it—I*
> *Have suffered what I wrote, or viler pain!*
> *And so my words have seeds of misery—*
> *Even as the deeds of others, not as theirs.*

The motive of ingratitude in this play receives additional emphasis from the sub-plot, the story of Gloucester and his two sons, told in a style that is less sublime but leading to an issue even more ghastly. There is in King Lear an agonized understanding that anger unquenched drives on to madness. *Ira furor brevis est.* Wrath, when a wrong can be righted or an adversary overcome, may be the brief fury that Horace says; but to will the end without a clue to the way is to experience that devastating *hysterica passio*. The incontinent rage exhibited in the old king's outbursts is appalling.

> *Hear, Nature, hear; dear goddess, hear!*
> *Suspend thy purpose if thou didst intend*
> *To make this creature fruitful—*

No need to quote what all must know, or should know! The paganism of the play is also notable; so is the recurrence of one of the motives of Measure for Measure.

Thou rascal beadle, hold thy bloody hand!
Why dost thou lash that whore? Strip thine own back;
Thou hotly lust'st to use her in that kind
For which thou whip'st her.

Signs of fatigue are evident as the play draws on; for though great heights are reached in the later scenes, they are less sustained in merit than the earlier.

To his affectionate friend Ben Jonson Shakespeare was always "gentle Shakespeare": he was the "Sweet Swan of Avon"; but we learn from King Lear how a tremendous anger co-existed with this gentleness, overlain in his human relationships, escaping in his works, all the more dangerous to him because of the restraining fetters that his will imposed.

A beacon of love is still on high in this play, Cordelia, shining like Hesperus in the western sky, and her death, though some deplore it, is the triumph of the ideas that she embodies, love, faith and beauty, which do not die.

For love and beauty and delight
There is no death nor change: their might
Exceeds our organs, which endure
No light, being themselves obscure.

Yet attentive readers can hardly fail to see that the characters of Goneril and Regan worsen as the play goes on. Hypocrites though they are, their objections to Lear's fantastic scheme are not at the outset unreasonable; but before the play is over they have become mere monsters of wickedness. The turmoil was not stilled in Shakespeare's mind and ingratitude is again the subject in his next play, Timon of Athens, a tirade unblest by any woman, unredeemed by any love and notably inferior both in style and interest. In Pericles, Prince of Tyre, passion has given way to exhaustion.

About ten years before Lear was written, that is to say in 1596, Shakespeare had paid a visit to Stratford-on-Avon, which was evidently a success, for in 1597 he built a house there, intending to live in it in the future for some part of each year. To his family the reconciliation was a happy event, which meant for them affluence, security and a good name; and no doubt Shakespeare looked upon himself as a benefactor deserving the sincerest gratitude. His position was naturally that of head of the household; and surely in return for the benefits that he brought there should be no dispute about *that*. Had his wife been a Portia and his two daughters Cordelias, a happy harmony might have been achieved; but I suspect that the trio of women saw things in a rather different light. Mrs. Shakespeare may well have been telling her neighbours and telling herself that her husband was a very wicked man to have forsaken her so, may even have hinted that his purpose in going away was to lead a loose life in London. Her hand, immune, could touch the chaste altar, if only she could claim successfully "Seduced!" No doubt she did that. The son unfortunately had died; the daughters, partially grown, were quite unaccustomed to paternal control and when they grew on to the awkward age of adolescence and took a myopic view common to that period, they let it be known perhaps to their father that he was now old in their eyes and that in all matters concerning themselves he had better be guided by them. This derogation is strong in King Lear and productive of furious indignation. Shakespeare, a bitterly disappointed man, was also a person of determined character: but so perhaps were the daughters, who had now brought themselves and him to the brink of "a first-class family row". It burst forth; and out of all that strife and anguish was born the greatest tragedy in the world. But the impact upon Shakespeare, coming as it did after a heap of past vexations, inflicted irremediable injury.

Pericles is a play of forgiveness. The long lost daughter is restored to her distracted father, whose elation is so great that he fancies that he listens to the music of the spheres and that an epiphany of Diana occurs, who gives him guidance. There is a light sketch of a physician, erudite, courteous, humane, a compliment perhaps to Dr. Hall, whom Shakespeare's elder daughter married. But the play is not a good one; and of its five acts only three are by Shakespeare himself, the remainder being the work of George Wilkins. The reason for this collaboration probably was that Shakespeare had agreed to provide the Globe with a quota of plays but at the time was too worn out to accomplish the task. His creative power only appears in strength in the two pornographic scenes, which attempt to represent without any knowledge of the subject the *porne*, or bought slave, of the old world and are charged with the horror of the rampant syphilis of the new, introduced by

an anachronism. As a whole Pericles is rather like a revue; and the coarse humour that plays about those scenes of wretchedness at Mytilene probably helped its success. But to us the jests only emphasize the bitterness that was welling up in Shakespeare's mind during this fit of fatigue. Truly he might say with Lear that he was a man more sinned against than sinning, for during all his manhood an interdict had lain upon the exercise of a faculty for sexual love that was greater, not less, than the usual.

But he was very resilient. In that year, it is believed, he settled himself finally at Stratford, relinquishing the life in London with its pleasures and its cares; and the change was beneficial. His creative power revived to such an extent that the two Roman tragedies, Antony and Cleopatra and Coriolanus, were given to the world. Yet it was observed by Garnett how even there he had saved himself trouble by taking his plots straight from Plutarch. In these and other late plays the diction is often obscure, as though the poet could not be bothered to make himself plain. Metre also has deteriorated, so much so that the verse is sometimes no more than prose arranged in lines of approximately ten syllables. In Cymbeline there is a return to romance and there is Imogen; but there is also a great deal of poor material. A Winter's Tale is a much better production in the romantic vein; and with The Tempest the tale of Shakespeare's plays concludes with dignity and sadness. (It is, I suppose, known to everyone that all but a few scenes of Henry the Eighth belong to Fletcher.) After that date, 1611, not a word more was written; and five years later death closed the scene, when he was exactly fifty-two years of age.

We have now reached the point in William Shakespeare's case-history when we may return an answer to our initial question, "For what reason did Shakespeare abandon his art, retire and then die?" An adverse effect must have been in existence and that effect must have had a cause. That cause in my opinion can be reduced to a single word, "indignation"—indignation over his broken romance and his humiliating marriage, indignation over the failure and frustration that followed and over the bride that could never be his, indignation at the intrusion of sin into his extra-marital relationship, and indignation finally over his family affairs.

To define the deleterious effect depending upon the aforesaid cause we must look again at William as he settles himself upon the *clinis*, keeping in mind that it is neither the *sestertiarius homo*, the tu'penny-ha'penny fellow, of Droeshout, nor the dreamer of the Chandos portrait whom we have in our eye, but the vigorous Vertutian. "Truth was his province", said Horace Walpole of his friend, "and he had a felicity uncommon to antiquaries, he never suffered his imagination to lend him eyes. Where he could not discover he never supplied". Viewing thus Vertue's Shakespeare the experienced physician will say "Were you good at games?" or "Have you been an athlete?" and the gratified William would answer "Yes". The story of his exploits with the deer probably does not depend upon nothing; but even if it be imaginary, the sturdiness, energy, compact physique and good proportion of the subject mark him down as a man of that kind. What then is the effect of indignation upon one of the tribe of John Bull? The answer is, a rise of blood-pressure. We must first dissociate our minds from any erroneous notion that a rise of blood-pressure is *itself* a disease. True, it may occur in the course of diseases, as in Cushing's syndrome, nephritis or tumours of the suprarenal medulla, or during pregnancy; but primarily it is a response to a situation demanding energetic action.

> *In peace there's nothing so becomes a man*
> *As modest stillness and humility:*
> *But when the blast of war blows in our ears,*
> *Then imitate the action of the tiger;*
> *Stiffen the sinews, summon up the blood;*
> *Disguise fair nature with hard-favoured rage.*

He who wrote the lines knew the feeling; but the man whose modesty and amiability most impressed his contemporaries bottled up the rage. Besides, though thinking might attenuate for him the oppression of a rigid code of morals, neither thinking nor acting could set aside the infelicitous effects of having been born sixteen centuries too late—or perhaps three and a half centuries too early, for he might do better now. He could not escape from that injurious system; his blood-pressure became fixed at a high level as a result, and he died a martyr to morality, raising by his death a monument to woman, engraved with an acknowledgment of our great need of her. (She needs us equally.) Here it may be opportune to mention that a high blood-pressure is a less serious matter to women than to men, because, in choice Elian, their flesh is so intenerated and dulcified that it gives before the sphygmic shocks, Nature the while caring for her dears and weaving for their protection tough, elastic arterial

walls that are a marvel to feel and a wonder to behold. Men with high pressures, though their sum of days may be lessened, cram in as much experience as the rest; therefore their net loss is but small. In fine, this vigorous and successful tribe is not to have applied to it the opprobrious word "neurotic", a piece of medical jargon that all thinking men should strike out of their vocabularies.

It is convenient to have a name for a fixed high blood-pressure; and *Hyperpiesia* is the best, decidedly not "hypertension"—

Hound or spaniel, brach or lym,
Mastiff, greyhound, mongrel grim!

Those with symptoms are relieved when you intimate that you know what it is that troubles them most, for to admit to any feebleness themselves goes against the grain with them: it is that they feel *tired*, more tired in mind than in body; and if fatigue comes, it is likely to be followed by dizziness and sometimes by headaches. The kidneys seldom fail, except in the malignant cases found mainly in the young; the heart more often, though not for a long time; and there are cerebral cases exhibiting symptoms due to spasm or atheroma of the arteries concerned. Shakespeare's case was probably uncomplicated: that we judge from a will he made a month before his death, declaring that he was in good health; that is to say, although he was not well, he had no recognized disease. His sudden death indicates a cerebral hæmorrhage, the end of Dickens and the commonest mode of departure; but an infarction of the heart is another, though less likely cause. As to any concomitant disease that may have been there, we have not a clue. The only one that suggests itself to me is *diabetes mellitus*, not uncommonly found in subjects of *hyperpiesia*, particularly if they have too much fat, as the bust at Stratford suggests may have been the case at the end of Shakespeare's life.

Of the feeling of fatigue we may reasonably suggest that it drove Shakespeare from London into retirement; and we may infer that it caused first a deterioration in his art and then a disinclination to pursue it any more. He refers to it in Prospero's speech in The Tempest, "Our revels now are ended, etc.", widely quoted as biographic, though the relevant lines are not included, their significance being missed.

Sir, I am vexed;
Bear with my weakness; my old brain is troubled:
Be not disturbed with my infirmity.

In the epilogue the same note is heard. With wonderful insight the poet also brings back that one error of his youth, the train of tribulations and the self-reproach that followed.

If thou dost break her virgin knot before
All sanctimonious ceremonies may
With full and holy rite be ministered,
No sweet aspersion shall the heavens let fall
To make this contract grow; but barren hate,
Sour-eyed disdain and discord shall bestrew
The union of your bed with weeds so loathly
That you shall hate it both: therefore take heed.

The impression made was deep, the feeling left behind life-long.

Shakespeare has been with me so long now that I have begun to understand his inner nature. In a beautiful grain I see three knots. The first is a conflict between that kindness and reluctance to enter a quarrel than won him the name of "gentle Shakespeare", and the propensity towards indignation that has already been noted. The second knot is an unnecessary anxiety lest his admiration for women should lead him into dependence. Portia invites you to sit beside her on the box and, as she takes the reins into her firm little hands, murmurs reassuringly "so kind of you to let me drive!" But William is afraid, not that she would refuse to resign the reins, but that he would not want her to. So in The Taming of the Shrew he exclaims very vehemently "No woman shall get the better of *me* nor step out of her proper place". His misgivings had been accentuated by his marriage, whereas they would have melted away in the genial warmth of a Rosalind. Yet a Rosalind he was not allowed to have, save in imagination, and an unresolved conflict was the result. The third knot is his feeling of sin which philosophy would have eradicated, especially the philosophy of Epicurus. But William knew none.

"More sinned against than sinning" I repeated, as with a last look at the portrait I sat down before the library fire, relaxed after a long labour accomplished, soothed

with the comfort and warmth and idly contemplating Rossetti's Lady Lilith swaying gently in an upward draught from the grate—when a sound of voices attracted my attention and, looking to my left, I observed, but without much surprise, that Shakespeare had stepped down from his frame and was confronting three judges, whom I recognized as Rhadamanthus, Asiatic and somewhat Saturnine, Minos, a round-headed man of business and a Cretan, and Aeacus,a pure Hellene. Beyond them, where a door into the garden had formerly been, was now an arched opening that looked upon the sea, where a little shallop, drawn close inshore, moved gently up and down upon the calm, blue waters. The flashing rays of an afternoon sun paved the Ocean's floor with gold. The urn, I saw, had been shaken and the lot lay upon the table. Beside the poet stood the Conductor of Souls, Hermes,

With golden-sandalled feet that glow
Under plumes of purple dye,
Like rose-ensanguined ivory,
Stretching on high in his right hand
A serpent-cinctured wand.

Though the Furies were not present, Shakespeare was not quite at ease, for the Judges seemed to be debating an awkward question, "Was William difficult at home?" At this juncture a sixth person arrived, a lean man of ruddy hue, whose manner, face and voice suggested the kind of dry comedian whose every syllable is audible.

At this interruption their lordships paused. "My lords", the newcomer announced, "I have strained the wine twice and it has been airing since noon: I think your lordships will find it drinkable now. But surely this gentleman is none other than the famous William Shakespeare? Here indeed is matter for rejoicing!" "Stay!" said Aeacus, "there are some little matters connected with the home-life of this illustrious man that are giving us anxiety; he was difficult with his wife and a humbug with his *hetaira;* and, besides, he has undoubtedly a sense of sin". "My lords", replied the newcomer in his resonant tones, "I will be personally responsible for the redemption of Mr. Shakespeare from that error; and as for the magnanimity to be maintained towards his female partners, he would find in Lais an instructress as witty, fair and wise as any heroine of his own". Their lordships conferred; murmurs "I concur, I concur" came to my ears; and the kindest of the three, Aeacus, spoke. "Mr. Shakespeare, this is Diogenes, of whom you have heard. He is a changed man since he has been among us; has taken to dancing, is the most valuable member of the cellar committee and has married Lais, of whom you have also heard, for though your Greek is negligible, you have at least read Marlowe. Their lordships have decided to accept his assurances. You may embark forthwith for the Fortunate Isle, whither your papers will shortly follow".

There was leave-taking and congratulation. Then the little shallop dipped, as the bard stepped aboard with his new friend. She shook out her piece of canvas and sailed away towards the setting sun along an avenue of gold. At that auspicious moment a pair of swans flew in to their nesting ground, craning their long necks and flapping their great wings majestically. As they made their stately way, their solemn and beautiful hooting stirred the heart and brought tears into the eyes. I thought of Mrs. Shakespeare. "Lord Hermes, I pray you", I said, "what became of the poet's wife?" The affable god replied, "Anne was sent to Heaven for consideration and was admitted. You say that he should have married Rosalind: suppose it done—you might have had a Falstaff, but not a Lear. The world owes the woman much and she suffered: a suitable reward was provided". "Lord Hermes", I said, "what is Heaven like?" He answered with a smile, "You would recognize many features of North Oxford".

In a moment he had soared away upon his sandals, seemed to hover in air above a hill, then dropped out of sight behind. So Perseus might have looked, I thought, when he stooped from the sky to liberate Andromeda from her chains.

THE END.

THE NURSES' PRIZE GIVING

The annual presentation of medals and prizes took place on Thursday, 19th September, 1958. The Physiology Theatre, kindly lent by Professor Spurrell, was filled to capacity. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome.

The Matron spoke of the work of the Hospital during the past year. The Matron said how important it was for Guy's nurses to remain for a full four years' training to obtain their certificate. She asked parents to help their daughters to appreciate this point and all to realise that the comprehensive training planned for them could not be completed if they left after State Registration. This would be of even greater significance if our standard of nursing were to be maintained, and the number of working hours be reduced from 48-44 hours as recommended by the Ministry of Health.

The Sister Tutor gave a brief report of the work of the past year emphasizing the value of patient assignment and bedside teaching, and Miss J. Bennett, Sister in the Metabolic Ward, spoke of the experience the Student Nurse gained in such work.

Miss M. Duncombe, Lady Superintendent of the Evelina Hospital, then spoke of the specialized training for the care of sick children and the value to the community of the special hospitals for sick children with adequately trained staff. The prizes and medals were then presented by Professor Hargreaves, O.B.E., Professor of Psychiatry in Leeds University.

Pharmacology

1st Prize Nurse P. Baker.
Nurse M. Ombler.
Nurse T. Burston.
Nurse J. Wiles.

2nd Prize Nurse J. V. Ward.
Nurse J. Stanley.

Surgery and Surgical Nursing

1st Prize Nurse P. Campbell. } Nurse G. Thompson. }
Nurse C. Alford.
Nurse E. Quealy.
Nurse J. Holden.

2nd Prize Nurse T. Burston.
Nurse J. Reynolds.

Medicine and Medical Nursing

1st Prize Nurse D. Nix-James.
Nurse Y. Smith.
Nurse M. Hodgkinson.

2nd Prize Nurse A. McNair.
Nurse J. Hudson.
Nurse J. Serman.

Special Diseases

1st Prize Nurse J. Lees.
Nurse R. Pollard.
Nurse A. W. Grant.

2nd Prize Nurse A. McNair.
Nurse J. Hudson. } Nurse M. Sloley. }
Nurse J. Conway.

Guy's Final Examination

1st Prize Nurse A. Wicks.
Nurse H. Carrington.
Nurse J. Bingham.
Nurse J. Lees.

2nd Prize Nurse K. M. Jones.
Nurse J. M. Wright.
Nurse D. Nix-James.

The Evelina Hospital for Sick Children

Surgery and Surgical Nursing

Nurse B. Baker.
2nd Prize Nurse M. A. Jones.
Nurse S. Kemm.

Special Diseases of Children

1st Prize Nurse A. Covell.

Hospital Final Examination

May, 1958 Nurse S. Hubbard.

CAZENOVE MEDALS : Awarded to the nurses obtaining the highest aggregate number of marks in all examinations and taking into account their record of practical work :—

Gold Medal .. .. Nurse D. Nix-James.
Silver Medal .. .. Nurse J. Lees.
Bronze Medal .. .. Nurse M. Thomson.

BUTTERWORTH MEDALS : Awarded after seven years' consecutive service:—

Miss J. M. Bennett.
Miss A. M. Caunce.
Miss F. E. Curtis.
Miss M. E. Laws.
Miss J. H. Russell.
Miss P. M. Tobin.
Miss M. Walker.
Miss C. Youell.

Professor Hargreaves in his address said that it was more usual to have a speaker at a Nurses' Prize Giving who was outside medicine, but perhaps some might think as a psychiatrist he qualified for this title !

He said that it was often thought that doctors and nurses set themselves up as being superior to others. He did not think that we were superior but we were certainly different; our job bringing us as it does in such close contact with the human realities of death, pain and grief.

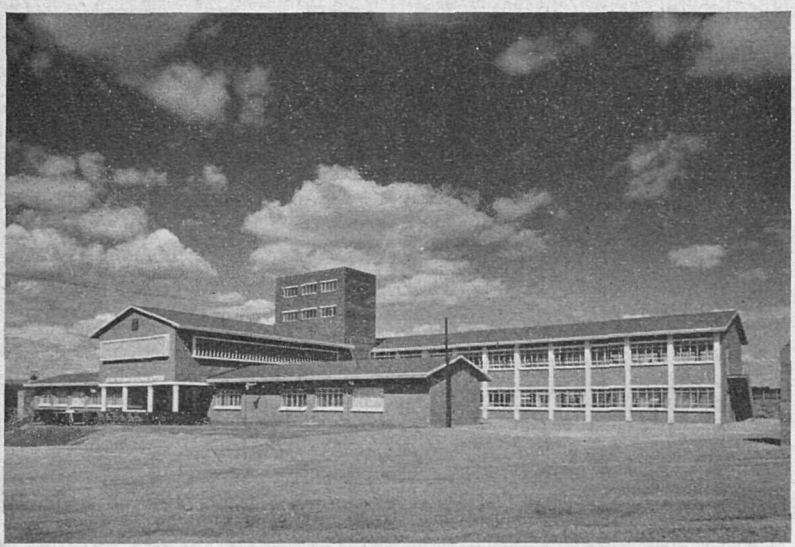
In the past the nurse had had to develop her abilities as a technician, mainly due to the development of aseptic techniques, all too often the nurse tended to forget that she was not dealing with a staphylococcus but with a patient. Nowadays it was realized once again, as it had indeed been by Florence Nightingale, that nursing skill, and competence in physical techniques, were not the same thing. The real skill of the nurse depended on achieving a "therapeutic relationship" with her patient. The basis of all good psychiatric nursing was the handling of relationships and nowadays psychiatry and general medicine were coming together more and more to the benefit of both.

He was glad to hear in the previous speeches so much about "patient-centred teaching" and patient assignment as he felt that this put the patient in the focus of the nurses' activity, which was the ideal to be achieved.

Following this address the Superintendent congratulated the nurses on their high standard of work and spoke of the importance of the enquiring mind and questioning in the process of learning.

A vote of thanks was proposed by Miss Nix-James and seconded by Miss Lees.

LESLIE WILLIAMS MEMORIAL HOSPITAL



Commanding a magnificent view from its hill top site, the hospital has been built to provide medical services for the native employees of the Doornfontein Gold Mining Company Limited and the West Driefontein Gold Mining Company Limited, of the New Consolidated Gold Fields Limited Group.

The combined native labour force of these two mines is in the order of 13,000. Provision has also been made for the treatment of the wives and children of the married native employees.

The hospital has 200 beds and has been built and equipped to deal with every type of medical and surgical exigency.

The hospital was opened by Dr. the Hon. A. J. R. van Rhijn, M.P., as a tribute to the late Dr. Leslie S. Williams, a Guy's man, who was chief medical officer to New Consolidated Gold Fields Ltd.

CORRESPONDENCE

Letters to the Editor of the Gazette

Non-resident Nurses

From the Matron

SIR,—Lord Cunliffe has discussed with me your reference in *Passim* on 13th September, 1958, in connection with non-residence for Guy's nurses.

He has asked me to point out that this privilege was available to State Registered Nurses before 1950, but he feels that members of the Nursing Staff may not have availed themselves of this opportunity as after the war accommodation within easy travelling distance of the Hospital was very difficult to find and the Nursing Staff did not feel they could contend with rationing. He would, therefore, be grateful if your statement could be amended and would like reference made to the fact that had any State Registered Nurses wished to become non-resident, the House Committee would have been pleased to give their application sympathetic consideration.

Yours etc.,
J. ADDISON,
Matron.

Guy's Hospital, S.E.1.

Miss Addison has kindly allowed us to publish this comment, from a letter from Miss Emily MacManus, who was Matron of Guy's from 1927 to 1946.

" . . . . Now for your query about Nurses living in—I had seen the *Gazette* comment and felt that it was a little astray, *but* it says 4th year nurses. My memory is a little hazy about them—certainly all Staff Nurses and Sisters had the House Committee's permission to live out, if they wished, before I left Guy's in 1946—in fact, even before the war started. Very few people availed themselves of this permission for on going into the matter, they found that the scheme was too expensive and too tiring. Sister Dalbiac lived out when she was the Linen Room Sister. Sister Opie and her sister had a flat but I think she only used it when she was free. I often heard it said that housekeeping, house cleaning and cooking took up too much time, and the average nurse who had become State Registered preferred the amenities of St. Thomas's House when she could come and go about as she chose, although it did not give her facilities for entertaining friends. The Sisters' House in St. Thomas's Street gave all those facilities and as it was heated from Guy's and a number of the senior Guy's Domestic Staff looked after it, the Sisters had some of the benefits and none of the disadvantages of running a home of their own. That was before the war. The Linen Room appointment was not always non-resident. Sister Rebecca, and Sister Wharton lived in.

To sum up I would say Fourth Year Nurses did not have a non-resident privilege in my day. Sisters certainly did but most Ward Sisters found it easier to be nearer to their work than to live out, probably at a distance. I cannot remember any full Staff Nurses living out although, since the principle was an accepted fact, if they applied to do so they would have been permitted . . . I am not very helpful I am afraid. Certainly Lord Cunliffe is on sure ground in regard to non-residence for Sisters."

Passim intended to comment on the non-resident status of fourth-year nurses; we agree that this was not entirely clear in the context.—EDITOR.

Passim

SIR,—*Passim* has affected of late a slightly soapy style. It is as if someone stands behind the writer holding a piece of lead piping as the scribe takes hurried glances over his shoulder.

It is devilish disconcerting, and may be catching. Is it the effect of the Welfare State ?

Yours etc.,
JOHN DOMINICK.

Treniffle Lodge,
Lawhitton,
Nr. Launceston, Cornwall.

Guy's Telephonists

SIR,—I wonder how many people during the last few years have given a thought to a section of the Hospital staff who work in a small part of the Hospital sitting within inches of each other and bells ringing all day and night, I mean the telephone operators.

I have been a reader of the *Gazette* for a number of years and have never seen anything in print about them; may I take this opportunity through you of offering a sincere word of thanks to them for the unfailing help, courtesy, promptness, and efficiency which they give to the public and obviously to the staff of the Hospital.

Yours etc.,

E. F. ALBIN.

F. A. Albin & Sons,
Funeral Directors,
62, Jamaica Road, S.E.16.

Papers by Guy's Men

SIR,—Change of sex is an interesting clinical phenomenon, but it has not yet been observed to occur among members of the Department of Psychological Medicine.

In the interests of accuracy, and of future non-male publicists from Guy's, may I suggest that the heading on page 340 of the August 30th issue of the *Gazette* be amended to read from now on : 'Papers by Guy's Men *and* Women'.

Yours, etc.,

MOYA WOODSIDE.

York Clinic,
Guy's Hospital, S.E.1.

We feel that the practice of giving the full Christian name of any lady appearing in "Papers by Guy's Men" is an adequate safeguard against misunderstanding. Mrs. Woodside's letter suggests to us, however, the delightful alternative, "Papers by Guy's Men and non-Men" !—EDITOR.

Guy's Hospital Rugby Football Club

SIR,—The Hospital Rugby Club require Referees for Junior Team games. Would persons interested please see me as soon as possible.

Yours etc.,

J. B. SALES,
Assistant Secretary, G.H.R.F.C.

Guy's Hospital, S.E.1.

NOTICE

GUY'S HOSPITAL CHAPEL

Harvest Festival—September, 28th

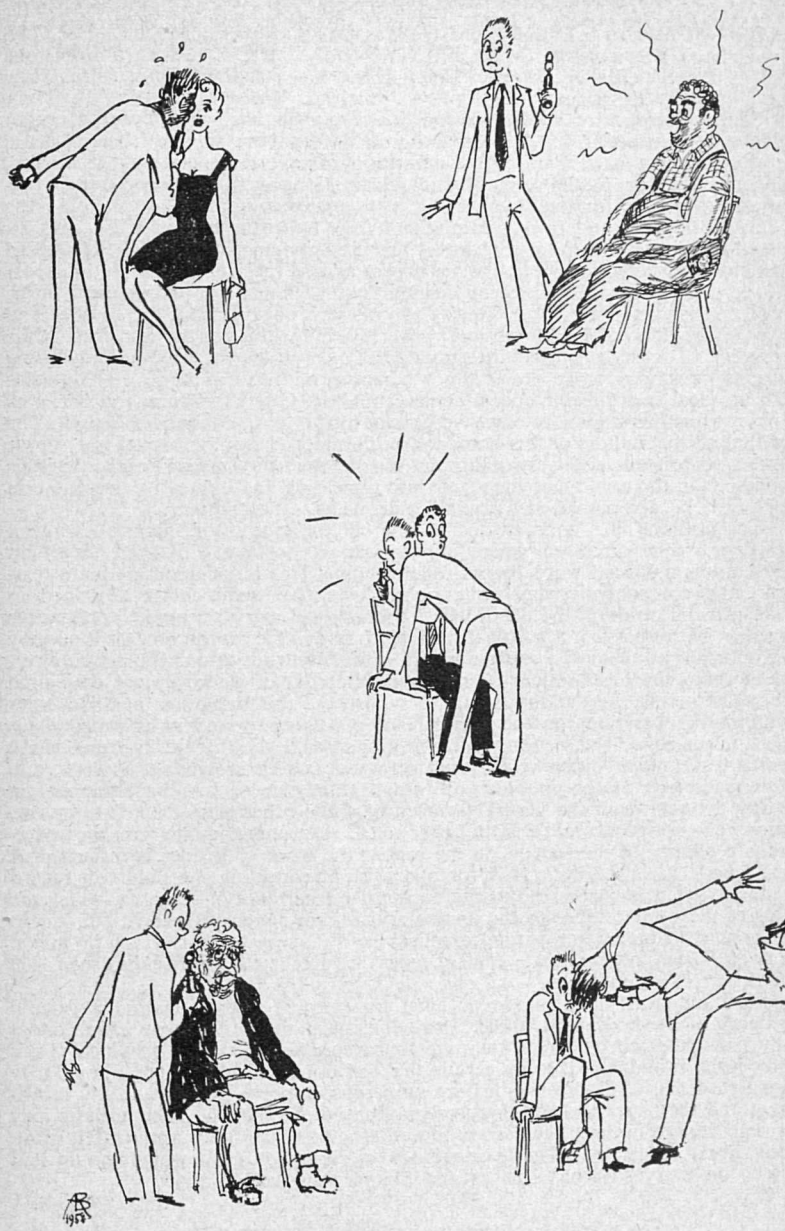
7.0 a.m.	Holy Communion.
8.20 a.m.	Holy Communion.
10.45 a.m.	Morning Service.

(Preacher : The Revd. R. A. KEMPSTER, *Priest-Vicar of Southwark Cathedral.*)

Collections and donations for the Oxford Committee for Famine Relief.

PEDAGOOGLY—VIII.

Humpty Dumpty sat on a wall,
Far too heavy and a bit too tall.
If it's Frohlich's syndrome I'll eat my hat
(The fallacy lies in the pubic fat).



ON RETINOSCOPY

REVIEWS

Textbook of Surgery. Edited by GUY BLACKBURN, M.B.E., M.Chir., F.R.C.S., and REX LAWRIE, M.S., F.R.C.S., M.D., M.R.C.P., with a Foreword by Sir Russell Brock, M.S., F.R.C.S., F.A.C.S.(Hon.). Pp. 1122. Blackwell Scientific Publications. Oxford. *Price* 84*s.*

The appearance of a new textbook of surgery is always an event of major significance. Either it will fail and be quickly forgotten, or it will succeed and therefore form a basic part of the education of several generations of medical students. Further, as the printed word remains long in the memory, and is permanently available for reference, it will of necessity colour the surgical thinking of those who read and own it throughout their active professional life. As Sir Russell Brock remarks in his foreword "The presentation of surgery to the student must suffer a subtle change as the years pass and as individuals mature and pass maturity; and the appearance of new editions of revised or reorganised works is not a satisfactory solution. That is why there is always room for another and newer textbook". Such a book must cover teaching which is old and true, while discarding that which is discredited, and must incorporate the new and advancing horizons of surgery while preserving a balanced and critical sense of judgment. Such an ideal is a difficult one to achieve but Mr. Guy Blackburn and Mr. Rex Lawrie, with their collaborators have gone a long way to accomplishing it. The fact that all the authors of this book are on the staff of Guy's Hospital is a source of great pride to us and we would point out, as does Sir Russell Brock, that this fact results in the welding of the whole into a pleasing and impressive presentation which will be acceptable even to the students of other schools.

The authors have concentrated on the clinical aspects of surgery. Surgical pathology, while discussed where appropriate, is not given detailed treatment and requires a special word for its fuller study. This is an undergraduate textbook, and consequently, and quite rightly operative treatment is described in broad principle without the detail which properly belongs to a book on operative surgery. Nevertheless it is a little disturbing to find in the section on gastric surgery no discussion at all on the relative merits of different operations for peptic ulcer, and, perhaps the most serious omission, no mention of gastro-jejunal or jejunal ulcer, gastro-colic fistula, the dumping syndrome, and the other possible complications of operations on the stomach, or of vagotomy and its disputed place in gastric surgery. The sections on burns, the adrenal, the thyroid, the anal canal, the heart and major blood vessels, and on water and electrolyte metabolism, and on the radiology of the abdomen are outstandingly good, but this statement in no way detracts from the general excellence of the other chapters. One or two sections do, however, seem a little better suited to a postgraduate than an undergraduate book. In the section on the breast, the work of Bittner is discussed at some length, as is the desirability or otherwise of educating the public in regard to cancer, while fat necrosis and the occasional occurrence of sarcoma, which are surely of more importance to the undergraduate, are not mentioned at all. Again the chapter on blood transfusion, excellent as it is, seems possibly a little above the head of the undergraduate student unless his intellectual stature has increased remarkably of recent years.

Such criticisms as these do nothing, however, to detract from the general excellence of the book as a whole. Mr. Blackburn and Mr. Lawrie have done a really first class job on which they are to be congratulated and of which Guy's can be justly proud, and it seems certain that this book will achieve great popularity among students. The illustrations are numerous, apposite and beautifully reproduced, and the paper and printing leave nothing to be desired. The authors may feel well satisfied in that they have produced a book which fulfils a much-felt want, a new, good and really up-to-date textbook of clinical surgery, which should find a place on every student's shelves and in every surgical library.

E.G.S.

Surgery, Principles and Practice. By ALLEN HASKINS, MORGAN and RHODES. Pitman Medical Books Ltd. 1st Edition, 1957. *Price* £5 10*s.*

The authors of this book set out to produce a textbook which emphasizes the dependence of surgery on the basic sciences of anatomy, physiology and pathology. In this respect they largely succeed. Most topics are preceded by a brief survey of relevant basic science and the text is related to this. The gaps between present-day knowledge of the fundamentals of surgery and its practice

are emphasized as a result. Many interesting and stimulating problems are posed for further thought and reflection. In effect no air of complacent knowledge pervades this book, but rather one of enquiry and research.

The text is modern, or as modern as any textbook can be. The format of double columns on good quality paper is easy to read. The line diagrams are simple, accurate and informative. Radiographic prints are often elaborated with a helpful accompanying line diagram. No effort has been spared to make this book readable.

The first part of the book deals with general surgical problems and discusses such subjects as nutrition, non-operative surgical care and wound healing. The latter chapter is well worth attention.

The remainder covers regional surgery with chapters on pædiatric surgery, gynæcology, urology, orthopædics, cardiac and military surgery. It is inevitable that there are many omissions in a book of this size, which sets out to cover so vast a field. Perhaps the most curious of these is the paucity of the text on conditions affecting the mouth in particular and the head and neck in general. There is no special chapter on these subjects, which are scattered through the book. Carcinoma of the tongue for instance is rarely mentioned.

Clinical descriptions are not given in the detail to which we are accustomed in this country and therefore must diminish the value of the book to undergraduate students here. There is also an undue emphasis on special investigations.

There is no doubt, however, that this is an excellent and stimulating book. Postgraduate students will find the change of approach refreshing and time spent on reading it well rewarded.

N.H.P.

Aids to Pre- and Post-Operative Nursing. By N. L. WULFSOHN, M.B., B.Ch., D.A. Baillière, Tindall & Cox. *Price* 8*s.* 6*d.*

This is a new edition to the nurses' "Aids" series. The author in his preface states that it is not intended to be detailed but to teach principles and is addressed mainly to the student nurse. However, the author does not always remember that he is writing for nurses and omits details which he probably assumes that nurses know already, but which Sister Tutors know that nurses have to be taught. For example, he talks about treatment of hæmorrhage after tonsillectomy without explaining how the nurse recognizes that it is taking place; he mentions care after extraction of lens without stressing support of the head; he describes how to grease a nasal catheter before insertion without remarking that it is often helpful to cleanse the nostril first.

Several of the illustrations are misleading; it is extremely difficult, for example, to insert a mouth gag and open it with the handles pointing downwards, when the patient has the head turned to one side as shown, especially if he is unconscious and being nursed without a pillow. Not everyone would agree that giving oxygen by nasal catheter is the most efficient method and many would not agree with the method of setting up an infusion as described.

On the whole this book would not be suitable for use by Student Nurses but might be of value to a trained nurse.

B.B.W.

Seventy Years Ago

From Guy's Hospital Gazette, October 13th, 1888.

TREATMENT OF A CASE OF OPIUM POISONING

" . . . The patient failing to respond to the faradic current, the external popliteal nerve of the left leg was underrun with a needle, one pole of the battery being fixed to it. The effect was instantaneous, he started up and struggled violently and it was with great difficulty that the left leg could be kept immovable, he also muttered a few unintelligible words. Three-quarters of an hour of this treatment brought him round fairly well, so that at 9.30 p.m. he requested that we should cease, and, asking for a drink, coffee was given through an œsophageal tube."

SPORT

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

FIXTURES—SEASON 1958-1959

FIRST XV

Date		*Ground*	*Opponents*
1958			
September	20	H.O.P.	Catford Bridge
	27	Blackheath	Blackheath
October	4	H.O.P.	United Services, Portsmouth
	11	Cambridge	Cambridge University
	18	Bedford	Bedford
	25	H.O.P.	Cheltenham
November	1	H.O.P.	Old Blues
	8	H.O.P.	Birkenhead Park
	15	Roehampton	Rosslyn Park
	22	Aberavon	Aberavon
	26	H.O.P.	London University
	29	S. Croydon	Old Whitgiftians
December	6	Coventry	Coventry
	13	H.O.P.	Old Cranleighans
	20		
	27		
1959			
January	3	Richmond	Richmond
	10	H.O.P.	Plymouth Albion
	17	H.O.P.	Old Alleynians
	24	Devonport	Devonport Services
	26	Paignton	Paignton
	31	H.O.P.	London Irish
February	7	H.O.P.	Coventry
	14	Imber Court	Metropolitan Police
	21	H.O P.	Aberavon
	28	Exeter	Exeter
March	7	H.O.P.	London Welsh
	14	H.O.P.	Nuneaton
	21	Gloucester	Gloucester
	28	EASTER	
April	4	Croxley Green	Old Merchant Taylor's

NOTE.—H.O.P. denotes home ground, Honor Oak Park.

RUGBY

Guy's v. Catford Bridge

At H.O.P. Result—Won 8-6

As the Past v. Present game was postponed this match provided the first opposition of the season and combined the added interest of the new rules with the appearance of a largely *experimental back-line containing only two of* last season's players.

The game was well reflected in the score with Guy's wiping out a six point deficit to win in the *last few minutes when it was a question of fitness* rather than skill.

Guy's scrum packed well in the tight and Patterson took advantage of the new rules to *hook the ball irrespective of the head, though* in doing so he incurred two penalties. Not until after 10 minutes did Catford hook the ball but when they did so, on the Guy's 25, they scored a try in the corner following an orthodox three-quarter movement unchecked by some poor tackling.

Within 5 minutes they scored again, somewhat luckily, when, following a three-quarter movement, the ball went loose and a second row forward who was backing up fell on the ball over the line.

Again some poor tackling was mainly responsible with the Guy's backs slow up on to their men.

Both these tries were unconverted and the score at half-time was 6-0.

Guy's did not reply until ten minutes from the end. Both our tries resulted from high kicks up field which gave our forwards a chance to *use their superior fitness and powers of backing* up. The first try was made by Buirski who avoided several tackles before going for the line from several yards out. May was backing up *and took the pass to score between the posts.* Pagliero converted.

With several minutes left to play Hawley kicked a ball high in the air towards the *opponents' try line and a loose scrum formed* ten yards out. Edwardes was up to gather the heel and he sent Hawley over on the blind side for an unconverted try in the corner.

Catford had one more chance of victory with a last minute kick at goal which they missed leaving Guy's the winners. The game was marked throughout by some uninspired kicking, particularly at goal where Pagliero's place kicking showed evidence of a season's cricket, though his fielding and running were adequate. On one notable occasion a free kick was taken

5 yards from the Catford try-line and the new rule was invoked to kick the ball backwards in a move which looked unpractised and was quickly stifled.

Line-out play was scrappy with too much misdirected tapping back and poor blocking. The first two rows were slow in recovery so that occasionally they appeared as spectators on the wrong side of a loose scrum. The back row played an excellent game with Sales working particularly hard.

With the forwards winning a good share of the ball the half-backs combined well. They were playing together for the first time with Edwardes making his debut both as a fly-half and a first team player and Eustace promoted from the 'A' XV at the last minute following an injury to Nicholas. Edwardes' kicking under pressure was particularly good and he formed an effective link. He is obviously lacking experience and failed to vary his play sufficiently to draw the opposing wing forwards, with the result that they harassed our centres, accounting for some of the poor handling and passing in the back line. This early breakdown of movements also prevented our forwards from using their extra fitness or from utilizing the new rule which allows a pick-up after the tackle. This depends largely upon moving the ball to the wing, and, after he is tackled, re-initiating a movement amongst the backing-up forwards before a loose scrum has time to form.

The only other major change in the law, relating to the knock on, caused more concern to the spectators than it did to either the players or the referee.

This game, as a whole, taught us little about the new laws or the prospects for the season, though it would seem, at least in theory, that the changes are ideally suited to a young team with the time to train, like Guy's.

SWIMMING

A Guy's team won the invitation medley relay race in the Annual Inter-Borough Gala, on 18th September, 1958, at Manor Road baths. Guy's have now won this cup each year since it was first presented and again won the race by an easy margin.

Team : I. Jamieson.
A. B. Richards.
R. Thomas.

HOSPITAL INFORMATION

APPOINTMENTS VACANT
GUY'S HOSPITAL, S.E.1

ASSISTANT PHYSICIAN IN THE CARDIAC DEPARTMENT

The Board of Governors invites applications for the appointment of **Assistant Physician in the Cardiac Department.** The appointment is of consultant status and maximum part-time (9 sessions). In addition to clinical sessions, the physician appointed will be expected to devote a substantial part of his time to the investigation of patients, so that experience of modern techniques is essential. The conditions of service will be in accordance with the Terms and Conditions of Service for Hospital Medical Staff. Further information can be obtained from the Superintendent. Applications (one copy) together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th October, 1958.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

ASSISTANT THORACIC SURGEON

The Board of Governors invites applications for the appointment of **Assistant Thoracic Surgeon.** The appointment is of consultant status and maximum part-time (9 sessions). The work will be predominantly cardiovascular. The successful applicant will be expected to spend an appropriate amount of time in collateral surgical research. The conditions of service will be in accordance with the Terms and Conditions of Service for Hospital Medical Staff. Further information can be obtained from the Superintendent. Applications (one copy) together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th October, 1958.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

Applications are invited for the post of **Registrar in the Radiotherapy Department ;** *duties to commence 1st November, 1958.* The post will be tenable until 30th September, 1959, in the first instance. Higher qualifications would be an advantage, but there would be opportunities for studying for the D.M.R.T. Parts I and II.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **2nd October, 1958.**

GUY'S HOSPITAL
S.E.1.
ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS
1958-1959

To take effect as from October 1st, 1958.

MEDICAL REGISTARS.

Dr. Douthwaite and Dr. Hardwick	Dr. J. D. Williams
Dr. Boland, Dr. Baker Dr. Houston	Dr. D. A. F. McGill
Dr. Hampson and Dr. Kauntze	Dr. I. E. Evans
Dr. Mann, Dr. MacLean and Dr. Bishop	Dr. D. C. Deuchar

JUNIOR MEDICAL REGISTARS.

Dr. Douthwaite and Dr. Hardwick	Dr. B. H. B. Robinson
Dr. Boland, Dr. Baker and Dr. Houston	Dr. Joan Baker
Dr. Hampson and Dr. Kauntze	Dr. P. H. W. Sheard

SURGICAL REGISTARS.

Mr. Massie and Mr. Blackburn	Mr. J. A. Lloyd Davies
Mr. Eckhoff and Mr. Glover	Mr. R. G. Beard
Mr. Atkins and Mr. Lawrie	Mr. A. G. Parks
Mr. Wass and Mr. Brain	Mr. F. G. Ellis

MEDICAL REGISTARS AND JUNIOR MEDICAL REGISTARS WITH DUTIES IN SPECIAL DEPARTMENTS

Cardiac Clinic	Dr. D. C. Deuchar
Endocrine Clinic	Dr. I. E. Evans
Chest Clinic	Dr. D. A. F. McGill
Asthma Clinic	Dr. D. C. Deuchar or Dr. Joan Baker
Diabetic Clinic	Dr. J. D. Williams
Dr. Houston's Out-patients	Dr. B. H. B. Robinson

MEDICAL RESEARCH COUNCIL

Professor R. H. S. Thompson has been appointed a member of the Medical Research Council.

PASS LIST

UNIVERSITY OF LONDON

B.Sc.
Physiology

Second Class Honours (*Upper Division*)

A. J. Bron	A. P. Hopkins
T. J. H. Clark	C. S. Ogg
M. H. Devereux	

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.
Primary Examination

J. Stott

NURSING NEWS

Entered: S/N E. Edwards to *Evelina.*
S/N A. Hutchinson to *Out-Patient Department.*
S/N D. Ellis to *New Cross.*
Sister J. Shepherd to *New Cross.*
Sister K. Marshall to *Nuffield D.*
Male Nurse Mr. M. Zadoroznij to *York Clinic.*

Left : Sister D. Henderson (*Evelina*).
Male Nurse Mr. W. K. Lewis (*York Clinic*).
S/M M. Robinson (*Victoria*).
S/N J. Stevenson (*Casualty*).

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d.. 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Wanted

YOUNG ASSISTANT wanted for dental practice in S. Rhodesia. Details from Mr. Goodliffe, Appointments Bureau, Guy's Hospital Medical School.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage 2*s.* extra. Apply *Gazette* Office, 16 St. Thomas's St., S.E.1.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

Citron, K. M. and others. Inhalation Tests of Bronchial Hypersensitivity in Pollen Asthma. *Thorax*, 1958, **13**, 229.

Engel, C. E. Die Infrarot-Registrierung einst und jetzt. *Photo-Technik. Und-Wirtschaft Nr* 9, 1958, 367.

Fourman, Paul and another. Retention of Sodium during Undernutrition. *Lancet*, 1958, ii, 554.

Gill, D. A. Case of Toxic Epidermal Necrolysis (Lyell). *Brit. J. Derm.*, 1958, **70**, 302.

CHANGES OF ADDRESS

Hugh M. Baird, M.B., B.S., D.Obst.R.C.O.G., Kildonan, Barrhill, By Girvan, Ayrshire, Scotland.

D. C. Gill, M.B., B.S., D.C.H., St. Mary's House, St. Michael's Hospital, Hayle, Cornwall.

G. Clifford Gould, M.B., B.S., P.O. Box 30108, Nairobi, Kenya, E. Africa.

B. P. Gregory, M.B., B.S., 7, Parkdale Crescent, Calgary, Alberta, Canada.

B. V. McEvedy, M.Ch., F.R.C.S., 30, Burdon Terrace, Jesmond, Newcastle-on-Tyne. (Tel. Newcastle 81-3735).

F. B. Sartory, M.R.C.S., L.D.S., "Greensleeves", Hillcroft Avenue, Purley, Surrey, and 24, Stafford Road, Wallington, Surrey.

E. E. Silcock, B.D.S., L.D.S., "Ryecotes", 12, Victoria Road, Horley, Surrey.

BIRTHS

DIXON.—On 5th September, 1958, at "Norwood", Grammar School Road, Brigg, Lincs., to Olga Patricia (née Whitley), wife of Gerald Dixon, M.B., B.S., a daughter (Ruth Gay), a sister for Anne Marie.

GAIN.—On 2nd September, 1958, at Guy's Hospital, to Edna and Robin Gain, M.B., B.S., a son (Richard Thomas Garner).

HEWITON.—On 4th September, 1958, in Malta, to Pat (née Hunt, S.R.N.), wife of Capt. P. W. Hewiton, a daughter.

HOLDEN.—On 6th September, 1958, at Lyndhurst Hospital, Christchurch, New Zealand, to Elaine, wife of John Holden, M.B., B.S., D.P.H., a son (Richard John), a brother for Jennifer.

KAY.—On 15th September, 1958, at Westminster Hospital to Frances (née Vine, S.R.N.) wife of David Kay, L.D.S.R.C.S., a daughter (Sarah Frances).

MILLER.—On 4th September, 1958, at R. & E. Hospital, University of Illinois, Chicago, U.S.A., to Mary (née Cole, M.S.R.), wife of W. A. Miller, L.D.S.R.C.S., a son (John William Francis).

THOMAS.—On 20th September, 1958, at Cheltenham, to Ann (née Griffith-Morgan, M.B.), wife of I. Brace Thomas, M.B., a son.

MARRIAGES

DUNCAN—DELAHAYE.—On 30th August, 1958, at St. Boniface Church, Whipton, Exeter, George Stewart Duncan, M.R.C.S., L.R.C.P., to Jean Delahaye, S.R.N.

SILCOCK—GEE.—On 30th August, 1958, at Almondbury Parish Church, Huddersfield, Elfrid E. Silcock, B.DS., L.D.S.R.C.S., to Margaret Shirley Gee, S.R.N., S.C.M.

VALENTINE—BIRTLES.—On 18th September, 1958, Anthony S. Valentine, M.B., B.Chir., to Catherine Mary Birtles, S.R.N., S.C.M.

DEATH

HANCE.—On 5th September, 1958, Sir James Bennett Hance, K.C.M.G., in his 72nd year.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1832 11*th October* 1958 *One Shilling*

PASSIM

IT is a pleasure each year to say "Welcome to Guy's", to the owners of the new faces which rapidly become part of the daily panorama. Life at Guy's has until now been part of your future; it will never be part of your past, for the freedom, of the Hospital and a share in its personality are offered to you; make them your own and you will join the family of thousands of Guy's men and women who have a common home in St. Thomas's Street. You will soon be *en famille*, taking part in all the activities urged upon you by your earnest elders on your first morning here, and perhaps working a little as well. You will soon know how well you have chosen your hospital, and Guy's will give to you as generously as you give yourselves. You will know that in two centuries many waves of new faces have come, and may suspect that the *Gazette's* welcome is a "How do you do" repeated, *mutatis mutandis*, year after year. Do not be thus misled when we assure you that you are entering Guy's at the time of a unique expansion of the great teaching potential which you have inherited. The history of medicine at Guy's will fascinate you, you will find evidence as you progress that in every branch of medicine, surgery and dentistry, there is an authoritative teaching tradition to be found here. Inevitably teaching is set down for reference, and in almost every field there exists a modern, definitive textbook embodying the teaching of the Guy's staff. You will be the first students to work in New Guy's House. The prospects for surgery and surgical teaching at Guy's have never been so bright as they are for you who now commence your medical apprenticeship. Twin developments of a particularly happy nature are offered to you, for the building of a modern new surgical block, now well advanced, has been accompanied by the publication of a new textbook of Surgery which sets forth the teaching of the Guy's surgical staff.* It is reliable, authoritative and readable, and is an example of what we mean, when we say that in coming to Guy's you have inherited a tradition of teaching which you will value, and which will stand you in good stead. We hope that you will work and relax and enjoy life here with a will. From now on Guy's is *your* Hospital.

The Biennial dinner on 3rd October was a great success, and the opportunity to honour Mr. Doherty in his year of retirement was thoroughly taken. A report of the evening appears elsewhere in this issue.

**Textbook of Surgery. Edited by Guy Blackburn and Rex Lawrie. Blackwell. 84s. Reviewed in Guy's Hospital Gazette, 27th September, 1958.*

On the occasion of the formal inauguration of the new dental school at Umea in the northern provinces of Sweden by King Gustav Adolf, six honorary doctorates in odontology of Stockholm were conferred. The recipients included Professor M. A. Rushton, whom we congratulate warmly. It is only the second time that the degree has been awarded to a non-Scandinavian. Among the other recipients were the Dean of the Finnish Dental School and the Professor of Physiology of the Karolinska Institute.

The American Hospital of Paris will have vacancies on its Resident Medical Staff for male, single, English graduates from 1st January, 1959. The appointments are for one year and give excellent experience in medicine and surgery with generous off-time. Applicants must have completed their Pre-registration year and not be liable for National Service, or must have obtained deferment. The chief Physician and the Executive Governor will be in London at the end of October to interview candidates. Intending applicants can obtain further particulars from Mr. Goodliffe in the Appointments Bureau, Medical School.

We offer our good wishes to Sister Scanlan, who is leaving to take up an administrative post at another hospital. The new Theatre Superintendent is Sister M. Laws; we welcome her appointment and wish her every success.

The Guy's Nurses' Guild held a most successful cocktail party in the Nurses' Home on 5th October. It was the first such meeting, and was arranged to help members who cannot attend the afternoon reunion in the Summer, particularly whose working in Public Health and Occupational Health. Mr. Kingston, Mrs. Sherwood and Home Sister played their part in ensuring that this will not be the last such occasion, by providing a most cheering repast.

Dr. Kauntze, Director of the Students' Health Service, has sent us a notice (p. 381), of the proposal to inoculate against poliomyelitis those students who wish to avail themselves of American Salk vaccine. It will be very interesting to see what response is obtained from the usually optimistic Guy's student.

We applaud the initiative of the nurses who are raising funds to send a representative to the International Congress of Nurses, in Australia in 1961. They deserve success for starting so early; and also for arranging what promises to be a most enjoyable function, in the shape of a Guy Fawkes Ball on 5th November. Details are to be found in the correspondence pages.

A cheerfully cynical notice in the College lodge announced last Saturday "Tonight ends our wonderful summer, so put your clocks back one hour. Well done!" The clocks at Guy's are still at sixes and sevens as we write, but amid this usual chaos has come the realization, for the first time, that night nurses and others have to be wakeful for an extra hour on this night each year. While dismal folk tottered to bed two hours later than usual, having over-compensated for the expected leeway, nurses, porters and other essential persons resignedly sat through the second hour of Sunday for the second time. We deeply sympathized, and just as deeply slept.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *The Knee.*
13th	M	1.00	Dr. A. S. Grimble. Clinical Lecture. *Venereal Disease and the Individual.*
14th	T	1.00	Mr. G. Blackburn. Clinical Lecture.
16th	Th	1.00	Dr. C. Hardwick. Clinical Lecture.
		5.00	Radiology and Cardiology Meeting. Gordon Museum.
17th	F	1 00	Dr. A. Maumanee (Ophthalmologist-in-Chief, Johns Hopkins Hospital). Clinical Lecture. *Ocular Manifestations of Systemic Diseases—I.*
20th	M	1.00	Dr. Charles Baker. Clinical Lecture.
21st	T	1.00	Dr. A. Maumanee. Clinical Lecture. *Ocular Manifestations of Systemic Diseases—II.*
23rd	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
24th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Cirrhosis of the Liver.*
25th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
27th	M	1.00	Dr. I. C. K. Mackenzie. Clinical Lecture.

NOTICES

STUDENTS' HEALTH SERVICE

American Salk vaccine for inoculation against poliomyelitis is now available. This vaccine has not been tested for safety in England but is regarded as safe in America.

Prophylaxis consists of three injections. The written consent of a parent or guardian is necessary for minors.

Those medical and dental students who wish inoculation should give their names to Miss Lynes before the 14th October.

RADIOLOGICAL AND CARDIOLOGICAL MEETINGS

The combined radiological and cardiological meetings will be resumed on the third Thursday of each month at 5 p.m. in the Gordon Museum, starting on Thursday, 16th October.

OBITER DICTUM

Dr. Mann, lecturing: "An enlarged thyroid was an essential part of pre-Raphaelite beauty."

OBITUARY

DR. T. I. ROWLAND, M.B., B.S.

We announce with great regret the untimely death of Dr. Trevor Rowland at the age of 31. He qualified at Guy's in 1950. and entered the Oversea Civil Service in 1956, where he worked for a year in Fiji before being transferred to Malaita in the British Solomon Islands Protectorate. On July 10th he was aboard the Government ship *Melanesian*, on his way to make a routine visit to an isolated atoll, when she was lost with all the sixty souls on board.

To his wife we extend our deep sympathy on behalf of all Guy's men and women.

GUY'S HOSPITAL BIENNIAL DINNER, 1958

The Guy's Hospital Biennial Dinner was held at the Connaught Rooms on Friday, 3rd October, Mr. W. D. Doherty in the Chair. Some three hundred and fifty Guy's men and women were present. The Loyal Toast was proposed by Mr. Doherty after an excellent dinner, and Mr. Frank Cook proposed the toasts of Guy's Hospital and Schools. Dr. Pat O'Meara then rose to propose the health of Mr. Doherty, the Chairman, who sat with a "rugger and soccer" table immediately before him. Dr. O'Meara spoke of the halcyon days of Guy's rugby when "George" Doherty captained and inspired the side. "For he's a jolly good fellow" was rousingly sung, though not quite obscuring a nostalgic scrum-shout of "Keep your b . . . . head down ! " Mr. Doherty recalled his being a resident with Dr. O'Meara, and thanked the guests for their welcome. He thanked Mr. Nils Eckhoff, and Mr. Goodliffe for organizing the dinner, and the very brief, perhaps too brief, speeches ended. The evening ended near midnight, after many meetings and delighted recognitions.

(*A photograph will appear in the next issue of the Gazette.*)

NOTICES

ST. LUKE'S DAY SERVICE

The Annual St. Luke's Day Service will be held in Southwark Cathedral on Thursday, 16th October, at 1.15 p.m. Special Preacher, the Very Revd. G. E. Reindorp.

QUODLIBET SOCIETY

PROGRAMME UNTIL CHRISTMAS

Friday, 17th October

Mr. Ivor Brown on
" The Impossibility of Dramatic Criticism".

Thursday, 13th November

Sir Arthur Elton, Bart.
on a subject to be arranged.

Thursday, 4th December

The Rev. Gervase Mathew, F.S.A. on
" New Developments in Archælogy."

The meetings will be held in the Upper Reading Room of the Students' Club at 8.30 p.m.

THE GROWING PROBLEM OF OLD AGE

By R. B. HUDDY, B.A.

A paper read to the Pupils Physical Society on Thursday, 24th April, 1958, and awarded the Beddard Prize.

THE reason for the presentation of this paper is to draw attention to the striking changes that have taken place in population trends in recent years, the result of which has been to produce an ageing population. I use this term "ageing" advisedly, because although there has been no vast increase in the potential length of human life, the numbers of those reaching the age of 65 is increasing considerably, as is shown by "age pyramids" (see Fig. 1).

Age Pyramids for Great Britain, 1891 and 1947

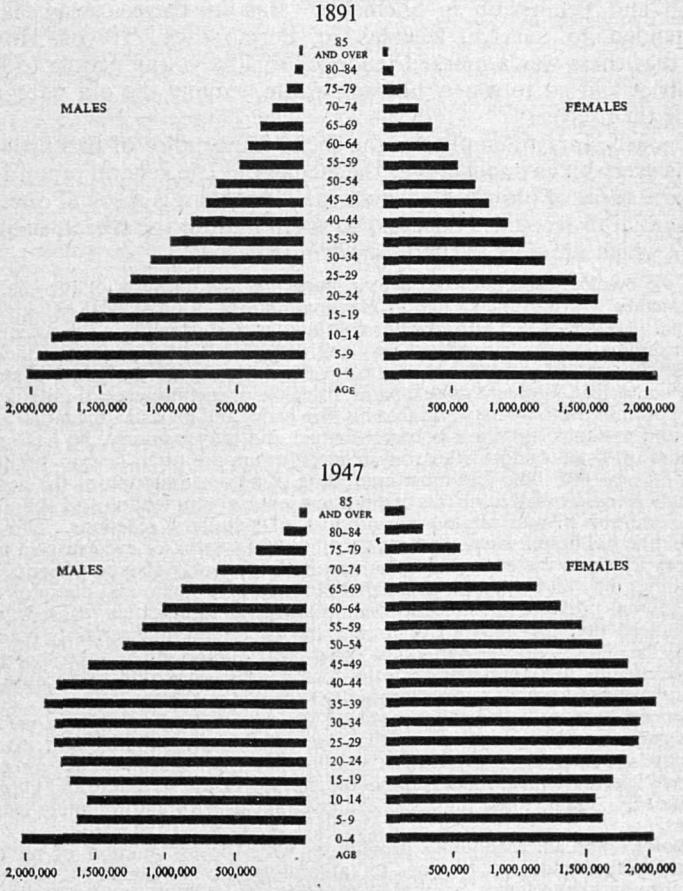


FIG. 1.

(Reprinted from the Royal Commission on Population 1949)

This is due to a combination of a falling birth rate and a decrease in the general death rate, the statistics of which have been discussed, among other places, in the article in the *Gazette* last year, on "Longevity" by J. A. Wall. Proportions are more helpful than bare numbers: in 1891 the proportion of those over 70 to those under 70 was 1: 36, in 1955 it was 1: 15 and in 1975 it will be 1: 7, which gives some idea of the growing importance of the problem. The reason for the decreased death rate is of course the increased effectiveness of modern medicine, particularly chemotherapy. The other factor, the falling birth rate, means that there will be less young people to look after the old. But there is more to it than numbers; there may be some failure on the family side, due to a diminished sense of responsibility. Gone are the Victorian days when the grandfather was an integral part of the family unit: it is sometimes a cry of "Get him into a home, he's a nuisance to us", and many old people frequently get little help from their offspring. These extremely interesting aspects of family life have been extensively studied by Sheldon, in Wolverhampton[1] and Hobson and Pemberton in Sheffield[2]. But in these towns, family units tended to survive, whereas in Bermondsey, Trevor Howell[3] found that there was a marked tendency for the young people to leave the district and go to a new housing estate, leaving the old parents to fend for themselves.

It is necessary to emphasise the social importance of this problem, which is every bit as important as the medical. The general practitioner sees many cases of old people whose main problem is a social one, and it is essential to recognise this, and to set in motion the wheels of social services which are now available (*vide infra*).

On the medical aspects of old age, in particular the question of the changing clinical picture with advancing age in many conditions, a great deal of work has been done. (Howell[3, 4, 5]) Taking normal findings to start with, in the course of a routine examination the old person may tell you that he suffers from attacks of giddiness, or inability to keep his balance in the dark, or failing vision, dyspnœa, painful swollen feet, joint and muscle pains, bruising, or incontinence of mild degree. When we examine him, we may find that his skin is dry and inelastic, his radial artery is thick and tortuous, his chest is barrel-shaped and moves poorly, he has bradycardia, and on listening to his heart systolic murmurs are often heard: his blood pressure may be 180/100. But most interesting of all, examination of the nervous system may reveal tremor, some loss of vibration sense, absent tendon and abdominal reflexes, extensor plantar responses and loss of pupillary reactions. We may decide that he has degenerative disease of the nervous system, or even suspect tabes, for sensory loss over the buttocks and anogenital region may also be present. But these findings may all be present in normal old men or women, and many of them can be ignored, provided that they are noted and their significance realised. This does not mean that they may all be present in one person, but certainly many of them may be. Most old people accept these concomitants of old age cheerfully, without complaint, but it is essential for the doctor to be aware of them, because they frequently give rise to more serious morbidity if care is not taken.

When we turn to diagnostic procedures, we may find a hæmoglobin value of 120%, serum biochemical values in the case of cholesterol, urea and alkaline phosphatase considerably higher than the values we think normal, and, on x-ray, an enlarged heart, calcified aorta, emphysema, lipping of the vertebræ, and kyphosis are common[2]. Again, these findings need give no cause for alarm, unless causing symptoms.

Pathology and microanatomy provide us with the explanation of all these symptoms. The giddiness is due to atherosclerotic vestibular vessels, the Rombergism and neurological symptoms to degeneration of the posterior columns in the spinal cord, the failing vision to senile cataract, the bradycardia to atherosclerosis of the vessels supplying the bundle of His, dyspnœa to emphysema, the swollen

feet to poor veins in the legs, joint and muscle pains to mild osteoarthritis, bruising to lack of supporting connective tissue, so that the small veins are easily ruptured; incontinence is due to the familiar "prostate", or to mild prolapse in women.

If these findings are so common as to appear almost normal, there are others which are clearly pathological. The first striking thing is the tendency in old people to multiple pathology: for example, an old woman of 87 examined at autopsy was found to have carcinoma of the colon, atrophic emphysema, calcification of the aorta and coronary vessels, a dilated left ventricle, pale bone marrow and renal atherosclerosis—such findings are common in the postmortem room. It is not really surprising that old people get more than one thing wrong with them—they have had time to get it. The next thing is the variability of clinical signs seen in old age; one of the factors contributing to this may be the slowing of reactions in old people. To quote Hippocrates,

> "Old men suffer from difficulty of breathing, catarrh, accompanied by coughing, strangury, difficult micturition, pains at the joints, kidney disease, dizziness, apoplexy, cachexia, itching of the whole body, sleeplessness, watery discharge from the bowels, eyes and nostrils, dullness of sight, cataract, hardness of hearing.
>
> "Old men generally have less illness than young ones, but such complaints as become chronic in old men usually last until death."

Old people do not suffer nearly so often from the acute illnesses seen in the young —when they do the result is more often fatal. The reactions of fever, pain and leucocytosis are less common in acute appendicitis, which may present as no more than mild discomfort in the lower abdomen. A coronary infarct may be a realtively painless experience, though breathlessness will be marked, and may go on even to cardiac rupture without the patient being unduly upset, until the rupture. Coronary chest pain in old people must always suggest the possibility of pulmonary embolism, acute pancreatitis or aortic rupture. Hemiplegia of acute onset with paralysis, hemianæsthesia and aphasia may pass off rapidly and within hours the patient may be sitting up in bed almost as if nothing had happened. On the other hand, connective tissue pain in old people can be agonising, backpain even arousing suspicion of dissecting aneurysm of the aorta. Arising out of both normal and abnormal changes with age there is one very important thing, and that is the tendency of old people to carry on, despite their disabilities, in the face of almost insuperable odds. This was very apparent in the study of old people in Sheffield[1] where many of them were doing far too much for their capabilities—they tended to accept many of the concomitants of old age without seeking aid, and carried on in spite of them. This determination to keep going is a tremendous asset when put to proper use.

The psychological aspects of old age are, from the old person's point of view, the most important, and they present the greatest difficulty to the doctor. The inter-relations between social, medical and psychological factors are nowhere more important than in old age. The normal mental changes with age—wariness, critical behaviour, slowness of thought and the tendency to repeat phrases—deserve time, sympathy and understanding. Abnormal psychological states, anxiety, agitated and anergic types of depression, paranoia, acute confusional states and dementia, are all too common. Bound up with all of them there is often a crying social need, a nagging medical problem which, put right, will be a major factor in the care of these cases. And quite apart from these definite cases, there are many miserable old people whose lives are so intolerable that it is little wonder that the suicide rate is high. Their great problem is loneliness, which brings me to the last major branch of the subject—the social services for the care of the elderly at home and in institutions. There are no better sources of reference than Sheldon's "The Social Medicine of Old Age", Trevor Howell's "Our Advancing Years", and the Survey by Boucher[6]. Trevor Howell quotes a letter which appeared in the *Manchester Guardian*, as short a time ago as 1943, under the heading "A Workhouse Visit".

> "Two months ago I went to a workhouse to visit an old woman of 84 who had been a children's nurse, a frail sensitive refined old woman who managed until two or three years ago to keep liberty and privacy in the single room that she rented. Then, with health finally broken down, she had to go where she is now. She, like the rest, makes no complaint. It is I who cannot rest without complaining. For this is what I found.
>
> "On the top storey of a large industrial building I found my old friend. The ward was clean, warm, rigidly tidy, the nurse kind, the food adequate. But down each side of the ward were ten beds, facing one another. Between each bed and its neighbour was a small locker and a straight-backed, wooden,

uncushioned chair. On each chair sat an old woman in a workhouse dress, upright, unoccupied. No library books or wireless. Central heating, but no open fire. No easy chairs. No pictures on the walls. And no common-room in which any of these deficiencies are made good. Moreover, the old lady had never seen a sweet-ration card. She also told me that the old ladies are 'not expected' to move their chairs and so secure a chat with others.

"There were three exceptions to the upright old woman. None was allowed to lie on her bed at any time throughout the day, although breakfast is at 7 a.m., but these three, unable any longer to endure physical and mental weariness, had crashed forwards, on to their immaculate bedspreads and were asleep. I suspect the kindly nurse of turning a blind eye on this monstrous infringement of the regulations.

"Yet none of this is the worst. All these women have led hard-working lives; most of them have been married and are the mothers of the men who won the last war, the grand-mothers of the men winning this one. They have known the comfort of a real home, however humble. And now until they die they are deprived of all freedom, movement and of every scrap of privacy. Not a curtain, screen, recess of any kind ever protects any old woman from the gaze of the other 19.

"I asked my friend whether there was no relief from this monotony of torture. She said that in the summer she would be able to go into the grounds if she obtained permission; in the winter it was out of the question, since she had no coat. All her clothes were packed away in some remote part of the building, and she would never see them again unless she left the workhouse for good. 'But in summer' she added, 'if it is chilly, I can wear my dressing-gown in the grounds.'

"I came away with an unforgettable picture: lines of women sitting like figures on a mantlepiece, on hard chairs facing one another and waiting without occupation for death . . ."

It is evident that nobody was interested in old people, anyway nothing could be done to help them, was the familiar cry, which, indeed, we often hear today. Perhaps it is with pride that we note that much of the pioneer work in geriatrics was done in this country by Marjory Warren, Brooke, Cosin, Howell, Lord Amulree and others. In America, Malford Thewlis[7] and Zeman[8] have been prominent in this field.

First of all, it has been realized that old people taken away from their homes very often fare less well than the ones nursed at home; this is because changes of surroundings upset them much more than younger people, who often enjoy the change. Old people, should, wherever possible, be treated at home, by their own relatives and friends, who are, among many other advantages, most able to understand them. Secondly, if hospital admission is essential for social or medical reasons, a careful medical assessment should be made at once, in order to decide whether the patient should be admitted to a general hospital, an observation ward, or a geriatric hospital equipped for long-stay patients. In this way, the vexed question of "bed-blocking" is often obviated. There are three types of patients—the acutely ill who will rapidly get better and go home; the acutely ill who should get better in months and go home, or to a hostel; and the ones who are unlikely to get better, and will remain bedridden for life—these must go to a geriatric hospital where their lives can be made as happy as possible.

The great message that geriatrics carries now is that many of those previously considered incurable can be made to recover almost completely, and return home to live near-normal lives. This state of affairs necessitates the integration of the social services. These consist of health visitors, home helps, district nurses, "meals-on-wheels", the almoner, the night attendants, and many voluntary organizations. The great problem here is integration, particularly integration with the general practitioners, who very often knows little about their existence. Let us trace the journeys of an old person, afflicted with some common condition—hemiplegia, heart disease, bronchitis, fractured femur, or what you will. They should be admitted to a general or geriatric hospital, where their condition will be intensively treated medically or surgically. But they will not be allowed to become immobile—as soon as practicable they will be made to exercise, to get out of bed, to practice walking, to have physio- and occupational therapy—not diversional occupational therapy, but useful, constructive occupational therapy—relearning simple jobs like tying shoes or doing up buttons, and housework: in this way, old people's greatest enemy, "inacitivity", is kept at bay. When sufficiently fit,

NEW GUY'S HOUSE
THE FOUNDATION STONE CEREMONY

Photo] [*J. L. Nelson*

Lord Nuffield, President of the Hospital, Laying the Foundation Stone on 19th September

Photo] [*J. L. Nelson*

Front row, l. to r.: Cllr. F. W. Coombes (Mayor of Southwark), Dr. C. F. Harris (Vice-Chancellor of the University of London), Dr. E. R. Boland (Dean of the Medical School), Cllr. J. W. Wardle (Mayor of Bermondsey),

Second Row: Mr. J. B. Blaikley (Superintendent), Miss J. Addison (Matron), Mr. A. S. Gray (Architect), Mr. A. Fugard, and Mr. B. Lees Read (Clerk to the Governors)

Photo by courtesy] [*Nursing Mirror*

The Minister of Health, Mr. Derek Walker-Smith, speaking during the ceremony. To his left are Lord Nuffield, Lord Cunliffe, the Bishop of Southwark (Dr. Bertram Simpson), the Provost of Southwark (Very Rev. G. E. Reindorp), and the Hospital Chaplain (Rev. K. Child).

Photo] *[M. S. Wirk*

The Nursing Staff who presented bouquets. L. to r.: J.S.N. D. Shaw, J.S.N. J. Boland, S.S.N. M. Esau, S.S.N. J. Bailey, C/M. M. Williams, Sister P. Asquith, Sister P. Jowett, S/N. P. Robson, A.S/N. A. Woolledge, H.N. E. Cottrell, Miss I. Payne (Administrative Staff)

Photo by courtesy] [*Nursing Mirror*

Mr. Orchard-Lisle presents Lord Nuffield with the oak book-ends used in laying the stone.

they will be able to go to a "half-way house", which is a unit run by a warden and his wife usually, where the old folk who can do most everyday things, can complete their recovery. When after weeks or months they are finally ready to go home, they do so to find their home-life assisted by home helps, district nurses, health visitors, and so on. The old person has made this gradual journey partly because of his own determination to get on, partly because of the competitive and friendly atmosphere of the hospital and half-way house, and partly because of the banishment of the fear of being unable to cope at home, by his knowledge of the help he is getting. It is only by integration of these factors that success will be achieved. If his home circumstances are prejudicial to his future life, he may pass on from the hospital to an old people's hostel, a unit where the atmosphere is made as home-like as possible, and every person treated individually and made to feel wanted. Finally, the ones who prove to be beyond the range of care of the hostels or homes, will remain in a geriatric long-stay ward, where their lives will be made as bearable as possible by the maximum care, consideration and individual attention. Sick old people wane on regimentation and thrive on special understanding of their own little problems: it is for this reason that such hospitals should always be near towns, and *not* in the country, so that the patients can have visitors as frequently as possible.

I hope I have succeeded in convincing you that the problem of old age is an urgent one and that it is vital for us to know much more about the subject. Geriatrics should, if only from the medical point of view, be taught in all hospitals, as is done at St. Bartholomew's and University College Hospitals. The last thing any medical student could wish to happen is to arrive in general practice, with over 50% of patients in the group I have been discussing, and to be ignorant of the special problems which this group present. We must face the fact that geriatrics has come to stay, and that the opportunities offered in it are as fruitful and satisfying as those in pædiatrics, obstetrics or any other branch of medicine.

General References

[1] Sheldon. "The Social Medicine of Old Age". 1948.
[2] Hobson and Pemberton. "The Health of the Elderly at Home". 1955.
[3] T. H. Howell. "Our Advancing Years". 1953.
[4] T. H. Howell. "The Care of the Aged". Recent Advances in Clinical Medicine. Third Edition. 1955.
[5] Annotation. Lancet *1958* (i) 469.
Correspondence. ibid. 1958 (i) in succeeding numbers.
[6] Survey of Services Available to the Chronic Sick and Elderly 1954-1955. Boucher.
Old Age in the Modern World. Third Congress of the International Association of Gerontology 1954.
[7] The Care of the Aged. Malford Thewlis. 1954.
[8] Practitioner. August 1950 and May 1955. Symposia.

Acknowledgements

I am grateful to Dr. Trevor Howell for advice, and for showing me over his geriatric unit at Queen's Hospital, Croydon ; to Dr. S. M. Vine, for showing me over his geriatric unit at the Battle Hospital, Reading ; and to the Wills Librarian for invaluable assistance with references.

Note

Since this article went into print, my attention has been drawn to the Clinical Lecture by Dr. Charles Baker, on "Old Age," which appeared in the *Gazette* (1947), pp. 211 and 224. Reference should be made to this for a full account of the problems of old age, in particular with respect to those aspects facing the general practitioner.

Sixty Years Ago

From Guy's Hospital Gazette, 24th September, 1898.

(From Passim)

"Once again, as every year, it is our pleasant duty to give all those who enter Guy's a most hearty welcome. And it is the more so because on our side we know what good fellows always do come to Guy's, and for their part we feel that we can honestly tell them what a fine place it is on which they have set their choice."

CORRESPONDENCE

Letters to the Editor of the Gazette

Small Print

From Mr. O. Gayer Morgan

SIR,—Is it really necessary for Dr. Vertue's admirable articles to be printed in such small type ?

Perhaps I should not be the one to complain as there must be many, who after reading them realize for the first time that they must go and have their eyes tested.

I manage quite well myself if I put on a pair of operating spectacles, and so one may need a section on the prescription form for "Special glasses for petit point, and for reading Dr. Vertue in the *Gazette*."

Yours etc.,

O. GAYER MORGAN.

115A, Harley Street,
Devonshire Street, W.1.

Trolley Telephones

SIR,—You note in *Passim* on 27th September, 1958, the recent installation of a bedside telephone service in *Ruth* and *Barnabas*. This instrument and the others which are being installed in Hunt's House have been made available not by a bequest from a former Guy's Surgeon as stated but through the anonymous generosity of one of Sir Charles Symonds' patients. The decision to install this service which will benefit such a large number of patients was taken by Sir Charles, the donation having been made on the understanding that Sir Charles was given discretion to apply it in any way which he considered appropriate.

Yours etc.,

A. H. BURFOOT,
Assistant Clerk to the Governors.

Counting House,
Guy's Hospital, S.E.1.

We apologize for this error, based on information given in good faith.—EDITOR.

The Crucible

SIR,—May I, through the courtesy of your columns, announce the forthcoming production of the Guy's Hospital Theatre Club ?

"The Crucible" is a dramatised account of the astonishing witch-hunt which swept the town of Salem, Massachusetts, in 1892. Written by Arthur Miller, one of America's greatest living playwrights, there lies behind the plot an attack on the activities of Senator McCarthy, before whose committee, Mr. Miller appeared many times.

The play will be given each evening at 8 p.m. from Monday, 10th November, to Friday, 14th November. Admission is free but there will be a collection during the interval. Booking begins on Monday, 27th October, applications for tickets, and donations, may be sent to The House Manager, Theatre Club, Guy's Hospital, London, S.E.1.

Yours etc.,

RICHARD A. LEWIN,
Hon. Sec. Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

Guy Fawkes Ball

SIR,—Through the courtesy of your columns we would like to draw attention to the forthcoming dance, to be held on Wednesday, 5th November, 9 p.m. to 1 a.m., in the Nurses' Home. This is being held to raise money to send a representative to the International Congress of Nurses, in Australia.

Double tickets, 15/-, may be obtained from Home Sister's Office.

Yours etc.,

MAUREEN ALLEN,
JANE GOODALL,
Organisers.

Nurses' Home,
Guy's Hospital, S.E.1.

Misnomers

SIR,—I was very interested to read in your issue of the 27th of September, 1958, a review of a new text, "Surgery, Principles and Practice," by Allan Haskins, Morgan and Rhodes.

May I respectfully submit to you, Sir, that such a text does not in fact exist.

An excellent text of the same title, but by Allen, Haskins, Moyer and Rhoads, was published by Lippincott in the United States in 1957. Is it possible that this in fact was the book your reviewer was referring to in his review ?

Yours etc.,

H. D. WEINTRAUB.

The Old Hostel,
Guy's Hospital, S.E.1.

Yes ; published in London by Messrs. Pitman. We apologize for a clerical error.—EDITOR.

PEDAGOOGLY—IX

He's big for his age, well-developed and rather aggressive.
His biochemical defect was inherited (as a recessive).
If the boys at school were like him they'ld be proud as peacocks,
But he happens to be the one with macrogenitosomia praecox.

SPORT

RUGBY

Guy's *v.* A Guest XV

At H.O.P. 24th September, 1958

Result—Lost 13-20

At Honor Oak Park on Wednesday, 24th September the Hospital met a "Guest" XV raised by Dr. Desmond Carroll, and were defeated by 1 goal, 2 dropped goals and 3 tries to 2 goals and a penalty goal. Originally, the match was arranged to be between "Past "and "Present", but several "Past" players were unable to play and Dr. Carroll did a fine job in bringing in a few highly skilful guests to test the Hospital.

As the score indicates, it was a free-scoring match with exchanges in favour of the "Guest" XV. Early on, the Hospital defended stubbornly against the wind and the "Guest" XV went into a six point lead with unconverted tries by M. Arscott (Cambridge University and Rosslyn Park) and M. Bryne (London Irish). Later in the half K. M. Pagliero landed a penalty goal and at half time the Hospital were 3-6 down.

On resuming G. Edwards replaced D. O'Grady at stand-off half and this was an ideal occasion to compare their merits. The "Guest" XV moved with a rhythm that never suggested they were a scratch side, and against the wind M. Arscott and J. Bamber (London Irish) dropped two beautiful goals for a commanding lead.

The Hospital then went full-cry to reduce the lead, and this they accomplished when A. Buirski, with a determined burst and surrounded by opponents, crossed for a try that K. M. Pagliero converted.

The next score for the "Guest" XV was due to a brilliant break by G. W. Hackett, who was in excellent form. Starting from half-way he ran completely through the Hospital's defence, selling two dummies on the way, and finally sent in D. W. M. Irons (Cambridge University and London Irish) for a try under the posts for M. Byrne to convert. This was followed by an unconverted try by J. Bamber.

Towards the close P. Harris scored a try for the Hospital and K. M. Pagliero converted, leaving the "Guest" XV winners by 20 points to 13.

The referee was Mr. T. L. T. Lewis and he applied the laws, especially the new ones, with commanding exactitude.

Guy's: K. M. Pagliero, J. Leyshon, R. J. O. Smith, M. Sanders, D. H. Gibb; D. O'Grady (first half), G. Edwards (second half), J. D. Eustace; R. W. May, W. M. Patterson, I. Creed, P. Harris J. Gritten, J. B. Sales, A. P. Buirski, P. Jackson.

Guest XV: D. Carroll, C. E. Evans, M. Arscott, J. Bamber, M. Bryne; G. W. Hackett, J. D. Glover; D. J. Richards, S. Blundon, G. Bury, P. Field, D. P. Stone, R. W. M. Irons, D. Jones, J. Lewis.

Guy's *v.* U.S., Portsmouth

At H.O.P. Saturday, 4th October

Result—Lost 9-21

Following heavy showers during the morning, the pitch was very slippery and heavy under foot. Services kicked off, but Guy's took the lead in the first minute. O'Grady received the ball from a set scrum and kicked high ahead. No Services defender was able to gather the ball, and a loose scrum developed from which Guy's quickly heeled. The ball was given to O'Grady who dropped a goal.

Within a few minutes, the visitors went into the lead when a pass went astray along the Guy's line, and Isaacs was on hand to go over half-way out. Sharpe converted the try.

Services went close to increasing their lead when forwards and backs combined in a passing movement which brought play to within 5 yards of Guy's line. However, by intelligent use of the touch line, Guy's forced the ball back into their opponent's half. Then Hodgson, the Services captain, broke through in the centre and passed on too Anwyn who touched down near the posts. Again Sharpe converted.

Guy's now fought back, and were awarded a penalty because a Services player would not play the ball, Pagliero attempted to kick a goal from the ten-yard line and went very close. U.S. elected to bring the ball away with them, and Blackwell, who had followed the kick up well, was on hand to intercept a pass on the twenty-five. He went strongly for the line, and scored with two opponents clinging to him. The try was not converted.

For the rest of the half, Guy's were on the defensive. Services scored once more when a Guy's forward was offside in a loose scrum in front of the posts on the twenty-five. Sharpe kicked the penalty.

Half-time score: Guy's 6 points, U.S. Portsmouth 13 points.

For the first part of the next half, play was uneventful, Guy's were handicapped by injuries to Leyshon and Creed, both of whom were off the field for short periods. Things came to life when Jackson worked the ball through at his feet towards Services line. Patterson carried the move on but was just beaten for the touch down.

Guy's continued to press hard, but it was Services who scored next, when they gained the ball from a line-out and from a conventional three-quarter movement the left wing scored in the corner. The try was not converted.

The visitors increased their lead with a converted try a few minutes later. A services player intercepted a pass inside his own 25, and drew Pagliero before passing to Isaacs who set off for the Guy's line with nobody to beat. O'Grady was seen to be in hot pursuit, and for one moment it was thought that he was going to emulate Wooller's feat in the Varsity game of the 30's and catch his man. However, this was not to be, and the Services player scored beneath the posts.

In the closing seconds of the game, Guy's scored again when they were awarded a penalty close to their opponents' line. Harris took a short kick and passed to Pagliero, coming up from the full back position. This player ran through a rather bewildered defence to score wide out. The kick failed.

Considering the conditions, both sides handled well. U.S. Portsmouth always looked the more dangerous side when the ball reached the three-quarter line. In this department Guy's lacked ideas and thrust. Eustace and O'Grady combined well together, and the pack as a whole played well.

Final Score: Guy's 9 points, U.S. Portsmouth 21 points.

Team: K. M. Pagliero; J. Leyshon, C. T. Hawley, M. D. Sanders, R. J. Parker; D. O'Grady, J. D. Eustace; I. Creed, W. M. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, M. Jacoby, G. Williams, P. Jackson.

MOTORING CLUB

Tantivy Rally

This rally, the first of the season, will start from London Bridge Car Park—corner of Great Maze Pond and St. Thomas's Street—at 5.30 p.m. on 25th October. After a forty seven mile drive competitors will finish at the Royal Oak, Green Street Green.

The organisers have planned a rally in which no map other than the A1 or A-Z Guide to London will be required, The navigational problems are such that motor cyclists can compete on an equal footing with cars.

Entries together with 5/- for cars and 2/6 for motor-cycles should be sent to the Competition Secretary, Motor Club, Guy's Hospital, S.E.1, to arrive before 22nd October.

Ex-students and friends are cordially invited to enter.

HOSPITAL INFORMATION

APPOINTMENTS VACANT
GUY'S HOSPITAL, S.E.1

ASSISTANT PHYSICIAN IN THE CARDIAC DEPARTMENT

The Board of Governors invites applications for the appointment of **Assistant Physician in the Cardiac Department.** The appointment is of consultant status and maximum part-time (9 sessions). In addition to clinical sessions, the physician appointed will be expected to devote a substantial part of his time to the investigation of patients, so that experience of modern techniques is essential. The conditions of service will be in accordance with the Terms and Conditions of Service for Hospital Medical Staff. Further information can be obtained from the Superintendent. Applications (one copy) together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th October, 1958.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

ASSISTANT THORACIC SURGEON

The Board of Governors invites applications for the appointment of **Assistant Thoracic Surgeon.** The appointment is of consultant status and maximum part-time (9 sessions). The work will be predominantly cardiovascular. The successful applicant will be expected to spend an appropriate amount of time in collateral surgical research. The conditions of service will be in accordance with the Terms and Conditions of Service for Hospital Medical Staff. Further information can be obtained from the Superintendent. Applications (one copy) together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th October, 1958.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

HOUSE APPOINTMENTS

1st December, 1958

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st December, 1958.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*) (1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*) (1 *Pre or Post-Registration*) 2

Resident Obstetrician (1 *Pre- or Post-Registration*) (to commence on 1.1.59)

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).

Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(Second 6 months candidates only).

Dermatological House Physician 1
(*Post-Registration*)
(To commence on 25.1.59. Preference will be given to candidates who are willing to be resident)

House Surgeon to the Thoracic Unit 1
(*Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)
(Second 6 months candidates only)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

Resident Anaesthetists (*Post-Registration*) .. 1
(S.H.O.) New Cross Hospital 1

R.M.O.s in Nuffield House (*Post-Registration*) 2
(1 commencing 1.12.58)
(1 commencing 1. 1.59)

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

PEMBURY HOSPITAL
House Surgeon (*Pre-Registration*) 1
House Physician (*Pre-Registration*) .. 1
Orthopaedic House Surgeon (*Pre-Registration*) 1

ORPINGTON HOSPITAL
House Surgeons. (General Duties) .. 3 (*Pre-Registration*)

Ear, Nose and Throat and Orthopaedic House Surgeon (*Pre-Registration*) .. 1

Gynaecological and Ophthalmic House Surgeon (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeon (*Pre-Registration*) 1

SEAMEN'S HOSPITAL, GREENWICH
House Physician (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 3

ST. JOHN'S HOSPITAL, LEWISHAM
Casualty Officer (*Pre-Registration*) 1

NEW CROSS HOSPITAL
House Surgeon (General Duties). *Pre-Registration*) 1

House Physician (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) 1

HITHER GREEN HOSPITAL
House Physician in Infectious Diseases and Medicine (*Pre-Registration*) 1
To commence on 14.12.58. (Second 6 months candidates only).

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) 1
To commence on 14.12.58 but to act on locum basis from 1.12.58.

House Physician (*Pre-Registration*) .. 1
To commence on 14.12.58 but to act on locum basis from 1.12.58.

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office not later than **Saturday, 1st November, 1958.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

Notice for Pre-Registration Candidates

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

APPOINTMENTS

Assistant Dental House Surgeon appointments for the period October 1st to December 31st, 1958.

General Duties: Mr. T. H. Redpath, Miss J. Joslin, Mr. C. G. M. Williams.

Children's Department: Miss M. S. Maynard, Mr. M. J. Dredge.

Preventitive Dentistry: Mr. R. E. Potts.

ENTRY OF STUDENTS

October, 1958

MEDICAL SCHOOL

1st Year

G. S. Amilly	Borough Polytechnic
I. R. M. Anderson	Whitgift School
R. H. Arthure	Marlborough College
I. A. Baker	Bristol Grammar School
M. G. Barley	St. Benedict's School, Ealing
S. Bissoondoyal	Royal College School, Mauritius
D. O. P. Brown	Westminster School
P. K. D. Bush	Sherborne School
P. Carey	St. Edmund's College, Ware
M. C. K. Chan	Raffles Institution, Singapore
J. C. Coyle	Salesian College, Battersea
Jennifer M. Crawshaw	The Mount School, York
T. C. Davis	Mill Hill School
J. E. Day	St. Clement Danes Grammar School
E. Eckersley	Ealing College
M. A. Fikree	Christ Church High School, Bombay
R. W. Fowler	Epsom College
H. Froozan	Grenville College, Bideford
Diana M. Grant	Pewley School, Guildford
T. J. Huins	*Bromsgrove School*
A. Kuczynski	Wimbledon College
G. Llewellin	West Monmouth School, Pontypool
I. C. M. Maclennan	Fettes College
Vivienne P. Maher	Poles Convent, Ware
G. J. D. Moore	Charterhouse
A. R. A. Monynahan	Sherborne School
P. R. G. Needham	King's School, Canterbury
J. E. A. Oni-Orisan	Latymer Upper School
A. Palmer	Tapton House School, Chesterfield
Jean M. Parker	Holy Trinity Convent, Bromley
G. L. Parry	Shrewsbury School
R. N. Pearson	Altrincham Grammar School
R. A. V. Pietroni	The English School, Nicosia
Juliet D. Pike	Crediton High School
N. Ramsbottam	Queen Elizabeth's Grammar School Blackburn
J. R. J. Richards	Hove County Grammar School
P. B. Robinson	Queen Elizabeth Grammar School, Wakefield
M. S. Sanders	Roundhay School, Leeds
Evelyn J. Sherbel	The Henrietta Barnett School
N. A. G. Shirlaw	Brentwood School
Janet E. Siarey	Headington School, Oxford
R. J. Siggers	Marlborough College
F. K. Simbo	Government School, Bo, Sierra Leone
Lilian E. J. Stevenson	Spalding High School
R. L. Strickland	Trent College
R. A. Sturge	Harrow School
J. G. Ungley	Charterhouse
F. M. C. Wade	St. Paul's School
J. J. Wallace	Wimbledon College
M. B. Williams	Hurstpierpoint College
Fiona B. Wills	*Cranborne Chase School*
N. S. Young	Queen Elizabeth Grammar School, Wakefield

2nd Year

J. N. Atkinson	Maidstone Grammar School
D. G. Bancroft	Haberdashers' Aske's School, Hampstead
F. D. H. Birkett	Downside School
V. Borirakchanyavat	Assumption College, Bangkok
N. F. Boyd	*Kingswood School, Bath*
B. V. H. Bray	Hitchin Grammar School
K. M. Burshan	Municipal College, Southend-on-Sea
Anne Carpenter	St. Angela's Ursuline Convent, Forest Gate
A. G. Child	Pocklington School, York
J. A. Child	Bradford Grammar School
J. A. Clarke	Ipswich School
E. E. Cockayne	King's School, Macclesfield
M. E. Conybeare	Tonbridge School
Ann Y. Coxon	Farnborough Hill Convent, Hants.
A. R. Daryabegui-Guilani	Millfield School.
F. S. Davidson	Norwood Technical College
F. F. T. Djabanor	Achimota School, Ghana
N. S. Faithfull	St. Edward's School, Oxford
Mehrbanoo M. Faruhar	Bexhill Grammar School
W. S. Foong	Anglo-Chinese School, Ipoh, Malaya
E. H. Harley	Epsom College
P. E. Heywood	Gowerton Grammar School, Swansea
R. P. Hollingsworth	Sutton Valence School
P. Ivanans	Bablake School
M. P. Jeffery	Christ's Hospital
Danuta M. H. Laganowska	*Grove Park Grammar* School, Wrexham
R. D. Lee	Maidenhead Grammar School
A. Martin	Lancing College
F. P. McGinn	Gosport Grammar School
B. G. R. Neville	St. Dunstan's College
M. O. Rake	Abbotsholme School
Mary Restell	Royal Holloway College
Julia A. S. Rice	Berkhamsted School
B. L. Robinson	Haberdashers' Aske's School, Hampstead
K. K. V. Shah	Duke of Gloucester School, Nairobi
M. J. Sharman	Hitchin Grammar School
D. J. Simler	Haberdashers' Aske's School, Hampstead
S. Talbot	Collyer's School, Horsham
K. J. Taylor	Westcliff High School
A. Thomas	Epsom College
P. A. Ustianowski	Bablake School
D. R. Wilson	Hereford Cathedral School
N. J. Y. Woodhouse	Epsom College

DENTAL SCHOOL

1st Year B.D.S. Students

Ashby, G. G.	St. Olave's Grammar School, S.E.1
Banfill, J. L.	St. Illtyd's College, Cardiff
Bartlett, R. L.	Churcher's College, Petersfield, Hants.
Biggs, D. A.	Dulwich College
Boddy, D. J.	Grammar School for Boys, Dover
Borwick, John T.	King Edward VII School, Sheffield
Briggs, H. P.	Westcliffe High School for Boys
Burke, M. J.	Emanuel School, S.W.11
Burr, R. G. D. M.	King's School, Canterbury

Callieu, J. Merilyn	Walthamstow Hall, Sevenoaks
Chadwick, P. H.	Canford School, Wimborne
Dumbrell, Joanna M.	St. Mary's Abbey, N.W.7
Everitt, M. J. W.	St. John's College, Southsea, Hants.
Hearn, G. J.	Merchant Taylors', Middx.
Holmes, M. R. G.	Downside School
Hughes, K. C. J.	Devonport High School for Boys, Plymouth
Lachlan, C. R. T.	Bryanston School, Blandford, Dorset
Laing, T. K.	Accra High School, Ghana and Kent College, Canterbury
Meyer, Linda M.	St. Paul's Girls' School, Brook Green, W.6
Murray, M. D.	Sherborne, Dorset
Myall, R. W. T.	Merchant Taylors', Crosby
Porter, R. A.	King Edward VI Grammar School, Retford
Protheroe, Margaret E.	Sutton High School, Surrey
Smith, A. J.	Reading School
Stubbs, D. R.	Ampleforth College, York
Thomas, J. A.	Amman Valley Grammar School, Ammanford
Thomas, J. C.	Bromsgrove School, Worcs.
Tiller, E.	Dulwich College
Tomlins, C. D. C.	Bradfield College, Berks.
Wright, C. J.	Christ's Hospital, Horsham

2nd Year B.D.S. Students

Bloor, P.	St. Paul's School, W.14
Boggia, R.	Truro School, Cornwall
Boxall, C. D.	Exeter School
Burt J. B.	Isleworth Grammar School Middx.
Cader, M. Z. A.	St. Thomas's College, Ceylon
Cave, M.	Wimbledon College, S.W.19
Chandler, C. H.	Highgate School, N.6
Clegg, C.	Eton College
Eden P. J.	Holloway School, N.7
Evans, S. C. R.	The Grammar School, Whitland, Carms.
Forsyth, C. H.	Uppingham, Rutland
Garside, I. N.	Luton Grammar School, Beds.
Lloyd-Edwards, D. R. A.	King's College, Taunton
Loader L. W. M.	Harvey Grammar School Folkestone
MacGregor Frances A.	St. George's School Harpenden
Manley Elizabeth A.	Putney High School S.W.15
Mann E. G.	Royal Grammar School High Wycombe Bucks.
Marten L. R.	Churcher's College Petersfield Hants.
Page, J.	The Leys School, Cambridge
Pickles, A. J.	Grove Park School, Wrexham
Pritchard, Judy M.	Luckley, Workingham and St. Joseph's Convent, Reading
Sainsbury, R. H.	Trinity School, Croydon
Sullivan, R. C.	Kent College, Canterbury
Tatton, D. W.	Torquay Grammar School, Torquay
Topham, J. H.	St. Paul's School, W.14
Trevelyan, M. R.	Haberdashers' Aske's Hampstead School, N.W.2
Tullis, A.	Grammar-Technical School for Boys, South Shields
Weedy, J. T.	Dulwich College

2nd Year L.D.S. Students

Chate, F. J.	St. Paul's School, W.14
Cook, J. G.	Bedford School
Colling-Baugh, C. D.	Marlborough College, Wilts.
Hodgson, G. D.	Allhallows School, Rousdon
Holst-Roness, P.	Harstad Hørge Almenskole, Norway
Hooper-Greenhill, A. J.	Gotham Grammar School, Bristol
Lewis, H. G.	The Lewis School, Pengam, Mon.
Moody, Valerie A.	Tiffin Girls' School, Kingston-uponThames
Ramsker, Kathryn J.	Selby Girls' High School, Yorks.
Ribeiro, M. C.	Epsom College, Surrey
Sampson, J. E. J.	Malvern College, Worcs.
Waters, D. B.	St. John's School, Leatherhead

3rd Year L.D.S Students

Perkins, D. H.	Norwich City College ; Selwyn College, Cambridge ; Cambridge University Medical School

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Long Vacation, 1958

Forensic Medicine and Public Health

M. C. O. Bax	S. Nurick
R. Cook	P. L. Strong
J. Dodd	H. D. Weintraub

Special and Clinical Pathology

R. Cook

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
September, 1958

Frances E. A. Adams	T. L. Griffiths
A. H. Banks	J. M. Hackman
S. N. Bussell	R. E. Lane
J. P. K. Carver	R. Loveday
S. A. Chan	G. O. Lyckander
J. D. Clark	J. B. Mayhew
M. H. Craft	A. E. Mbongo
R. F. Eade	G. W. Selwood
I. T. Francsics	Christine S. Shepherd
M. B. Gardener	M. J. Varney-Burch
J. A. Golder	

NURSING NEWS

The following changes have taken place amongst the Nursing Staff :—

Left :

Sister Scanlan, *Theatres.*
Sister Day, *Queen.*
S/N D. Vellenoweth, *Nuffield C.*
S/N M. Holmes-Higgins, *Theatres.*

Entered :

Sister U. Till to *Relief Sister.*
N/M J. Grundy to *Victoria.*
S/N E. Newman to *Victoria.*
S/M M. Wood to *Domiciliary Midwife.*
S/M M. Kerrison to *Victoria.*
C/N S. Broomfield to *Theatres.*
Sister Margaret Laws appointed *Theatre Superintendent.*
Sister Calvert to transfer from *New Cross* to *Nuffield Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blacker, C. P. World Congress on the Family. *Eugen. Rev.*, 1958, **50**, 179.

Burn, J. H. The Antihistamine Compounds. *Brit. med. J.*, 1958, ii, 845.

Engel, C. E. Some Aspects of Administration. *Brit. J. Photography*, 1958, **105**, 500.

Haas, Leonard. Neonatal Perforation of the Colon. *Arch. Dis. Childh.*, 1958, **33**, 362.

Herbert, W. E. A Case of Complete Dislocation of a Tooth. *Brit. dent. J.*, 1958, **105**, 137.

Holling, Edward and another. Advances in Peripheral Arterial Disease. *Practitioner*, 1958, **181**, 446.

Hopkins, Philip. Observations in General Practice. The Use of Psychotherapy in General Practice. *Brit. J. clin. Pract.*, 1958, **12**, 525.

Hopkins, Philip. Hypertension in General Practice. *Practitioner*, 1958, **180** 463.

Laws, John O. Conceptions and Misconceptions of Carcinogenesis. *Med. Pr.*, 1958, **240**, 943.

McEvedy, B. V. Inguinal Hernia; the Rectus Sheath Approach. *West African med. J.*, 1958, **7**, 106.

Macdonald, I. The Role of Proteins in the Production of an Experimental Nutritional Hepatic Fibrosis. *Clin. Sci.*, 1958, **17**, 457.

Macdonald, I. The Influence of Chronic Liver Infection in Experimental Nutritional Hepatic Fibrosis. *Clin. Sci.*, 1958, **17**, 457.

Maizels, M. and another. Mercaptomerin and Water Exchange in Cortex Slices of Rat Kidney. *J. Physiol.*, 1958, **143** 275.

Maizels, M. and another. The Effects of Mercaptomerin on the Water and Cation Exchanges in Slices of Rat Tissue. *J. Physiol.*, 1958, **143**, 283.

Matthews, E. The Teaching of Prosthetic Dentistry. *Brit. dent. J.*, 1958, **105**, 157.

Matthews, Ernest. Advances in Dentistry. *Practitioner*, 1958, **181**, 503.

Neill, D. J. The Design of Lower Free-end Saddle Dentures. *Dent. Pract.*, 1958, **8**, 322.

Neill, D. J. The Problem of the Lower Free-end Removable Partial Denture. *J. Prosth. Dent.*, 1958, **8**, 623.

Neill, D. J. Use of an Aluminium Casting Alloy for Constructing Denture Bases. *Dent. Pract.*, 1958, **8**, 382.

Norman D. H. and Tucker G. H. Simple Clinical Photography. *Brit. dent. J.* 1958, **105**, 217.

Northfield, D. W. C. Advances in Neurosurgery. *Practitioner*, 1958, **181**, 485.

Oliver, Leslie C. Post-Traumatic Intracranial Space-occupying Lesions. *Post'grad. med. J.*, 1958, **34**, 524.

Pearson, J. D., Veall, N. and another. A Practical Method for Plasma Albumim Turnover Studies. *Stralentherapie*, 1958, **38**, *Supplement* 2, p. 290.

Rewell, R. E. Medicine in the New India. *Lancet*, 1958, ii, 574.

Scott, G. W. and others. Effect of Dimercaprol (BAL) on Carbohydrate Metabolism. *Metabolism*, 1958, **7**, 240.

Smith, P. A. J. Multiple Sebaceous Papillomas. *Proc. R. Soc. Med.*, 1958, **51**, 709.

Staz, J. South African Dental News. *Dent. Mag. Lond.*, 1958, **75**, 143.

Staz, J. The Diagnosis of Paradontal Disease. *Int. Dent. J.*, 1958, **8**, 338.

Tomkinson, J. S. and others. A Triplet Pregnancy with Craniopagus Twins. *Lancet*, 1958, ii, 683.

Trethowan, W. H. The Psychiatric Side of Rehabilitation. *Med. J. Aust.*, 1958, ii, 213.

Vaughan, G. F. and another. Tranquillizers. *Practitioner*, 1958, **181**, 510.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

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POODLE PUPPIES, pedigree silver toys. Box No. 153.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

Edward Oswald James, L.D.S.R.C.S., Avenue Villa, Lloyd Street, Llanelly. (Tel. Llanelly 3649).

BIRTHS

COOK.—On 28th August, 1958, at 3, Dunkeld Road, Bournemouth, to Eileen (née Williams, S.R.N.), wife of Alex. W. Cook, M.B., B.S., D.R.C.O.G., a son (Robert Gavin), a brother for Josephine.

HARRIS.—On 29th August, 1958, at Zachary Merton Maternity Home, Rustington, to Carol (née Gossage, S.R.N.), wife of Peter Harris, L.D.S., a son (John Richard), a brother for Neil.

HAYWARD.—On 23rd September, 1958, at Cuckfield Hospital, Sussex, to Jill (née Boyce, S.R.N., S.C.M.), wife of John Hayward, F.R.C.S., a son (Toby Jonathan).

MERRYWEATHER.—On 25th September, 1958 at Stroud Maternity Hospital, to Patsy (née Munkley), wife of Reginald Merryweather, F.R.C.S., a daughter, a sister for Jill and Alizon.

MARRIAGES

ANDERSON—WALDEN.—On 20th September 1958, at St. Peter's Lutheran Church, Ottawa, Dr. George H. Anderson to Heli Kaarina Walden.

LACHLAN—GIBSON.—On 7th September, 1958, at St. Denys' Church, Sleaford, Capt. Edward Lachlan, R.A., to Elizabeth Lois Gibson, S.R.N.

NIEMI—KEAR.—On 27th September, 1958, at the Anglican Church, Haliburton, Ontario, Canada, William Niemi to Gloria Kear, S.R.N., S.C.M., Canadian Reg. Nurse.

YOUNG.—GIBBINS.—On 13th September, 1958, at St. Cuthbert's Church, Durham, Michael John Young, M.B., B.S., to Patricia Mary Gibbins, S.R.N.

DEATH

BLACK.—On 24th September, 1958, John Black, L.D.S.R.C.S., of Longleys, Sandhurst, Kent, aged 80 years.

Eds. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1833 *25th October* 1958 *One Shilling*

PASSIM

SOON after the railway accident at Lewisham last December, the major hospitals serving areas around the main rail networks again set about the sombre task which follows calamities in all walks of life (and is the basis of Medicine itself), that of learning from tragic events in order to prevent their recurrence or at least mitigate their effects if they must recur. Guy's with her war scars does not lack experience in dealing with disaster, but a sub-committee of the Medical Committee was appointed, in the persons of the Superintendent, Mr. Batchelor, Mr. Blackburn, Mr. Clarkson and Mr. Wass, to consider the position once more. They have now drawn up detailed plans to deal with mass casualties occurring in peacetime in an area, not yet defined, for which Guy's will take responsibility. The Hospital is to commit itself to arrangements which are firmly based on Guy's routines and familiar chains of command, while breaking new ground where it has been thought necessary in the light of experience at Lewisham and elsewhere. For the first time in its history, the Hospital will formally accept responsibility for the care of casualties outside the grounds of the Hospital. This is regarded as a natural extension of its responsibilities under the National Health Act. Guy's has suggested that the South-East region be divided into precisely delineated areas, each designated to a major hospital, and this suggestion has received strong support. Liaison with other hospitals, the London Fire Brigade, the London Ambulance Brigade, the B.B.C. and Scotland Yard have all had to be considered. Of particular importance is the new concept of a mobile team, to be immediately despatched to the scene of an accident. This will be administered as one unit with the Front Surgery, since the volume of work will be shared between the two in reciprocal manner and the staffs will reinforce each other as required. The personnel, dress, equipment and transport of the team have been considered in every detail, as have the necessary general and specific arrangements within the Hospital. These details are to be posted in the Casualty Officers' room, and it is hoped to publish an abstract of them in the *Gazette*. They are new evidence of the sober determination which is not new, to alleviate and minimize tragedy if it can by no means be prevented.

We offer our heartiest congratulations to three Guy's men who have recently been appointed to Consultant posts. Mr. J. A. Lloyd Davies is to be Consultant Surgeon to the Salisbury Group of Hospitals; Dr. P. A. Montgomery is to be Consultant Dermatologist to the Winchester, Alton and Portsmouth Group of Hospitals; and Mr. A. G.

Parks is to be Consultant Surgeon to St. Mark's Hospital, E.C.1. For those who remain at Guy's there will be more than a tinge of regret at losing familiar faces, but all Guy's men and women will wish them well in their new posts and hope to see them here often.

There have been few gatherings at the Hospital as distinguished as the Symposium which took place on 10th and 11th October in the Medical School, on the theme "Tools of Biological Research." The Introductory Address by the President of the Royal Society, Sir Cyril Hinshelwood, opened two days of fascinating discussion between representatives from research centres throughout the country. A full report of the proceedings, which has been unavoidably delayed, will appear in the next issue of the *Gazette*.

The need for those under twenty-one to obtain written permission from their parents has not prevented a rush to take advantage of the Salk poliomyelitis vaccine recently made available to students and nurses on a voluntary basis. While numbers are still uncertain, several scores have already had the first of two injections (which are three weeks apart), and many more have signed on.

Our distinguished contemporaries, the *Nursing Times* and the *Nursing Mirror*, last week conspired in an entirely proper attempt to bring the faces of contemporary Guy's students and nurses before the public eye. In the former journal, an illustrated account of Hither Green Hospital showed seven solemn skins/eyes/anaesthetics clerks at the cot-side with Dr. Laurent, the Physician-Superintendent. The *Nursing Mirror* had noticed a very decorative group of nurses from Guy's who were in uniform at a Ball in aid of the British Empire Cancer Campaign, at the Dorchester Hotel, and published a cheerful photograph of Sister Wetherall with her charges. The idea is good; other papers please copy.

On 28th October *Dorcas* will revert to the feminine gender, and will be joined by *Astley Cooper*, while *Patience* and *Samaritan* will become an exclusively male enclave to keep the balance, with the net result of twelve more female and twelve less male surgical beds.

We hasten to reassure Major A. R. Phillips, of the R.A.M.C. in Malaya, who sent us a cutting from the *Straits Times* of 12th October. It is *not* true that "the University of Cambridge enjoyed themselves at the expense of Guy's Hospital, piling up a score of 383" (*sic*). The true score and the manner of its accomplishment are reported in this issue.

We again urge representatives of the clubs which are now well into the season of representative matches in different sports, to report their deeds for the *Gazette* by 9 a.m. on Monday in the week of issue. Many a nostalgic growl of disgust, and sometimes of approval, is elicited up and down England by reports from H.O.P. and elsewhere, to judge from the letters of our correspondents.

We heartily commend to all the Rugby Ball to be held at the Hyde Park Hotel on November 28th. Details appear in the correspondence pages.

We liked very much a picturesque phrase which popped up in Dr. Baker's Out-Patients recently. A lugubrious ulcer sufferer was asked if he had been constipated at all; his reply came readily, "No, doctor; not in the foreseeable past." !

The authorities should not fail to recruit for the Department of Cardiac Surgery a young lady of obvious aptitude who is at the moment wasting her talent on the radio. With an easy grasp of operative technique she sang last week

"I'm holding your heart so tightly,
'Cause if I hold your heart too lightly
Your heart will slip away."

GUY'S DIARY

OCTOBER.			Exhibition. Department of Surgery. *The Knee.*
25th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby. 1st XV v. Cheltenham. (H.O.P.).
27th	M	1.00	Dr. I. C. K. Mackenzie. Clinical Lecture.
28th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *The Surgery of the Gall Bladder.*
30th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
31st	F	1.00	Dr. R. Kauntze. Clinical Lecture. *Medicine in Practice.*
NOVEMBER.			Exhibition. Department of Surgery. *Pott's Disease.*
1at	S		Rugby. 1st XV v. Old Blues. (H.O.P.).
4th	T	1.00	Dr. P. R. Evans. Clinical Lecture. *Unusual Forms of Epilepsy.*
6th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Tuberculous Glands in the Neck.*
7th	F	1.00	Dr. J. C. Houston. Clinical Lecture.
8th	S	10.00	Mr. G. Qvist. Clinical Theatre. Departmental Round.
			Rugby. 1st XV v. Birkenhead Park. (H.O.P.).
10th	M	1.00	Mr. R. J. Cann. Clinical Lecture.
11th	T	1.00	Mr. P. W. Clarkson. Clinical Lecture.
13th	Th	1.00	Dr. A. W. Hind. *Anaesthesia in Dental Chair for Children and Adults (with films).*

Fifty Years Ago

From Guy's Hospital Gazette, 31st October, 1908.

The Royal College of Surgeons has at last followed the example of all enlightened and progressive examination authorities by making its diplomas M.R.C.S., F.R.C.S., and L.D.S., open to women. This decision was arrived at by the Council at its meeting on 15th October. The Fellows have been much in advance of the Members in this matter, for in the recent poll on the subject the former recorded a majority in favour of admitting women to the membership, while the latter opposed it by a majority of 703. In spite of the attitude of the members, the Council decided to act in the way we have mentioned, and since the Royal College of Physicians has already removed the sex-disability in regard to its Licentiate, the Conjoint Diploma will soon be open to women on the same terms as to men, which most people will agree is as it should be.

NOTICES

LECTURE-DEMONSTRATIONS IN ENDOCRINOLOGY

Dr. P. M. F. Bishop is giving a series of Lecture-demonstrations in Endocrinology to which have been invited guest speakers having a special interest in the subject, at 5.15 p.m. on Mondays in the Anatomy Lecture Theatre at Guy's Hospital, London, S.E.1. The meetings are open.

Exophthalmos	Oct.	27th	Cushing's Syndrome	Nov.	24th
Hypothyroidism	Nov.	3rd	Hypopituitarism	Dec.	1st
Thyroid Function Tests	Nov.	10th	Diabetes Insipidus	Dec.	8th
Acromegaly	Nov.	17th	Addison's Disease	Dec.	15th

GUY'S HOSPITAL REPORTS. Vol. 107. No. 3.

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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GUY'S HOSPITAL THEATRE CLUB

THE CRUCIBLE

Performances will be at the following times :—

Monday 10th November	7.30 p.m.
Tuesday, 11th November	7.30 p.m.
Wednesday, 12th November	6.00 p.m.
Thursday, 13th November	7.30 p.m.
Friday, 14th November	7.30 p.m.

In addition there will be a Public Dress Rehearsal on Sunday, 9th November, at 7.30 p.m.

Tickets will be available from Smith's Bookshop in the Park between 12,30 p.m. and 2.0 p.m. each weekday from Monday 27th October, or by written application to the House Manager. There is unreserved space in the gallery.

RICHARD A. LEWIN,
Hon. Secretary.

CARCINOMA OF THE LARYNX AND LARYNGO-PHARYNX

By L. F. W. SALMON, *M.B.E.*, M.S., F.R.C.S.

A Clinical Lecture delivered at Guy's Hospital on 22nd July, 1957

Approximately one out of every 25 cases of cancer arises in connection with the larynx or with that part of the pharynx into which the larynx projects, that is the laryngo-pharynx. In the course of your professional careers, therefore, most of you are going to see many examples of this distressing disease. As with cancer elsewhere, the patient's chance of survival is closely related to how soon after the onset of the disease the diagnosis is made. In what follows I shall lay particular stress on mode of onset in the hope that you will bear in mind this grave possibility when confronted with such symptoms and signs.

1. ANATOMY

The anatomy of the laryngo-pharynx is not easy to understand, but bear in mind the following features.

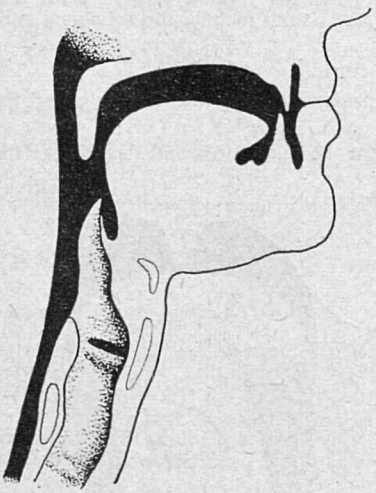

Fig. 1 represents a sagittal section through the region concerned. The larynx projects into the pharynx in such a way that a kind of gutter surrounds it, leading down into the cervical œsophagus. In front, this lies between the free part of the epiglottis and the base of the tongue and is divided by the glosso-epiglottic fold into the two vallecular fossæ.

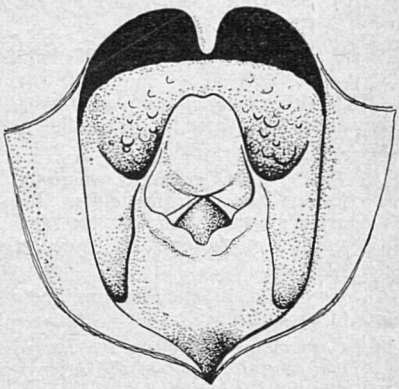

Fig. 2 shows that laterally this gutter lies between the aryepiglottic folds and the lateral pharyngeal wall, forming on each side the pyriform fossa. These two channels sweep round towards the back of the larynx at the level of the cricoid cartilage, and out of this part of the laryngo-pharynx the œsophagus opens.

2. ÆTIOLOGY

With smoking in the news as an ætiological factor in lung cancer, it is reasonable to wonder about its effect on the larynx. If tobacco smoke contains a carcinogen capable of producing malignant changes in the bronchi, it might be expected that the larynx through which the smoke must be concentrated, if inhaled, would prove at least equally vulnerable, and yet the death rate from cancer of the larynx has not risen along with that for carcinoma of the lung[1]. It must be remembered, however, that whereas the mortality from lung cancer gives a more or less accurate picture of its incidence since the fatality is high, the situation is very different in carcinoma of the larynx as you will soon hear. A high proportion of cases of the latter disease

survive it to die from some other cause. Moreover, successes from treatment of laryngeal cancer have increased in recent years, so that it must be considered possible that whereas the death rate has remained stationary, the incidence may have increased.

The irritating effects of alcohol on the pharyngeal lining has long been blamed, but significant statistics have been difficult to obtain. Recent work in the United States, however, suggests that although there is no increased incidence in those drinking wine or beer or spirits in moderate quantities, the consumption of seven or more tots of spirits in the day increases the risk of carcinoma of the laryngo-pharynx five or tenfold[2]. It is conceivable that the decrease in drinking spirits, which has occurred in this country since the turn of the century, may have offset increases due to increased cigarette smoking. Very much more work will be necessary before this is more than speculative, but clearly investigations into these problems are urgently necessary.

3. CLASSIFICATION

One of the difficulties encountered in statistical studies has been caused by variations in nomenclature. Many different classifications have been employed and it has not always been possible to assume that different observers have meant the same thing by the same name.

Before I go further, therefore, I must define for you the terms I shall use. Under the first heading, *Laryngeal Carcinoma*, I shall include the following sub-divisions:

(*a*) Growths confined to the true vocal cords.

(*b*) Sub-glottic carcinoma arising immediately below the free edge of the true cord.

(*c*) Supra-glottic growths springing from the false cords and the root of the epiglottis.

The other main sites are as follows. They are differentiated by the shading in Fig. 3.

2. *Epilaryngeal Carcinoma*, where the lesion arises from either the aryepiglottic folds or the free portion of the epiglottis (vertical shading).
3. *Carcinoma of the Pyriform Fossa* (cross-hatching).
4. *Carcinoma arising on the lateral and posterior walls of the laryngo-pharynx* (fine stipple).
5. *Epi-œsophageal growths*, that is, arising in the post-cricoid region and at its junction with the cervical œsophagus (coarse stipple).

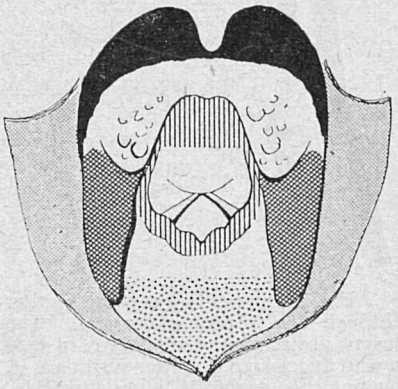

Fig. 3

4. PATHOLOGY

The only point I wish to make under this heading is that to all intents and purposes these cases are cases of squamous carcinoma, and that other malignancies such as sarcoma are exceedingly rare.

5. SEX INCIDENCE

One of the most interesting facts about the growths in this region is that with one remarkable exception they occur almost exclusively in members of the male sex. The exception is post-cricoid carcinoma, and this is very nearly the prerogative of the female. The meaning of this has been and is a matter for interesting speculation. There is one relevant circumstance which you should bear in mind, however. This is the pre-cancerous nature of what Sir Arthur Hurst christened the Plummer-Vinson syndrome, a condition more often called in this country the Paterson-Brown Kelly syndrome after the English laryngologists who first described it. This syndrome is found in women with hypochromic anæmia and the salient features of it are

angular cheilitis, glossitis, characteristic changes in the nails and an atrophic state of the mucosa of the laryngo-pharynx. This latter condition causes dysphagia and leads in a proportion of cases to post-cricoid carcinoma. These cases are those that constitute the exception to the rule that carcinoma of these parts is a male disease. In a paper read here it would be inappropriate not to refer to the one recorded case of Paterson-Brown Kelly syndrome preceding malignant changes in a male. It was described in the 106th volume of the Reports by F. B. Colman[3].

6. SYMPTOMS

I think you will see at once that lesions at the sites I have described are likely to produce widely different symptoms; thus a growth arising on the free edge of the true vocal cord, a condition you will hear referred to as intrinsic carcinoma of the

	DYSPHAGIA	SORE THROAT	LUMP IN THE NECK	VOICE CHANGE	PAIN
EPILARYNGEAL 21%	33%	33%	11%	10%	6%
PYRIFORM FOSSA 39%	32%	28%	19%	11%	5%
EPIOESOPHAGEAL 35%	72%	13%	4%	2%	8%
POSTERIOR AND LATERAL WALLS 5%	18%	35%	29%	12%	0

larynx, is going to cause hoarseness of the voice while it is still extremely small. On the other hand, cancer arising in the post-cricoid region will fairly soon make for difficulty in swallowing without in any way impairing the voice.

The table shown above, derived from a report by Dr. Lederman[4], shows the main symptoms complained of by 417 patients with laryngo-pharyngeal carcinoma seen at the Royal Marsden Hospital between 1933 and 1953. The figure shown is the percentage of the total number of patients in each group in whom the main symptom is that indicated. Under the name of each locality I have inserted the proportion of the total occurring there.

The commonest site in this group is the pyriform fossa, where well over a third of the cases occurred. Rather more than one-third were in the epicœsophageal group, while about one-fifth were epilaryngeal. Only 5 per cent. arose on the posterior and lateral walls of the laryngo-pharynx.

The principal symptoms, listed in order of frequency, are difficulty in swallowing, a sore throat, the presence of a lump in the neck, voice changes and pain. Dysphagia —difficulty in swallowing—will, of course, be for the larger, firmer bolus at first—for instance a mouthful of meat. Only in the hopelessly advanced case will it extend to fluids also. If the early case is to be diagnosed, attention must be paid to vague dysphagia and even to the feeling of a lump in the throat without true dysphagia. This latter in almost all cases turns out to be due to an emotional upset—often cancerphobia—but this diagnosis must not be made until an organic cause has been carefully excluded.

The voice changes mentioned are to be differentiated from the gruff huskiness noticed when there is a tumour on the vocal cord. They are associated with two things: intrusion of a tumour into the lumen of the pharynx or vestibule of the larynx, thereby altering the resonance of the voice and giving it the quality of "a plum in the throat"; the second is involvement of one recurrent nerve with paralysis of one cord or fixation on one half of the larynx by infiltration by growth from

without. This will produce true hoarseness but not of quite the same coarse quality heard when the cord is roughened by growth.

The pain of these lesions. A most ominous sign in these cases, particularly in the pyriform sinus and epilaryngeal group is where pain is referred to the ear. Often the growth is advanced when this symptom is present and many of these cases will be found to have glandular metastases in the neck also.

The principal points to note from the table are the general similarities in symptomatology between the epilaryngeal and pyriform-fossa groups. In about one-third of these patients difficulty is swallowing was the main symptoms and in another one-third, sore throat. Notice that in nearly one-fifth of the pyriform-fossa cases, a lump in the neck was the chief complaint. As you would expect, nearly three-quarters of the epicœsophageal cases complained primarily of dysphagia, while none of them had noticed voice changes.

I am sorry that I cannot present you with a comparable analysis relating to the laryngeal group, but as I have already said, the universal presenting symptom for the growths on the true cord and the subglottic growths is hoarseness. Pain and sore throat do not occur in these cases and glandular metastases—lump in the neck—are found only in the hopelessly late ones. Patients with growths on the root of the epiglottis or of the false cord form only a very small percentage of this group and either present with hoarseness or remain free from symptoms until glandular metastasis occurs.

To summarize, therefore, one may say that whereas almost all the patients with carcinoma on or under the cord go to their doctor complaining simply of hoarseness, the laryngo-pharyngeal cases present with more varied complaints, of which sore throat and difficulty in swallowing are the most important. Many of these patients, particularly those with carcinoma of the pyriform-fossa, or of the posterior and lateral pharyngeal walls already have spread to the glands when they first seek advice, and in these cases pain referred to the ear is often present.

7. SIGNS

Having analysed the patient's complaints, let us next consider what are likely to be the positive findings. As a rule the physical signs will come to light in one of three ways, by palpation of the neck, by examination with the laryngeal mirror and by direct examination making use of the various endoscopes.

Something has been said about the occurrence of malignant nodes in the neck already. Their presence indicates that the disease has reached an advanced stage. In even more advanced cases a mass may be palpated in the neck due to direct infiltration of the adjacent soft tissues from the primary site. There is a further sign occasionally to be demonstrated by palpating the neck. This is to be elicited not infrequently in cases of post-cricoid carcinoma and in growths of the posterior pharyngeal wall. Normally if the larynx is pressed back against the vertebral column and moved from side to side, a characteristic clicking will occur as the thyroid cartilage moves across the bone. If these structures are separated, however, by the interposition of a layer of growth, the clicking may be absent.

Inspection of the primary growth itself usually calls for the use of the laryngeal mirror although sometimes no abnormality may be detected by this means. On rare occasions the upper edge of a malignant ulcer on the posterior wall of the laryngo-pharynx may be seen through the mouth on depressing the tongue.

Experience is needed before what is reflected in the laryngeal mirror can be correctly interpreted and I shall not describe the appearances in detail. I would, however, like to make one or two points.

First about laryngeal carcinoma. This comprises about 50 per cent. of the total and is for that reason the most important. Most of the cases occur on the free edge of the true vocal cord and therefore give rise to hoarseness almost immediately. The characteristic site of origin is at the junction of the anterior and middle thirds of the true cord and a small warty lesion seen in the mirror at this site is almost diagnostic. I repeat "almost". The differential diagnosis that must be born in mind at all times on sighting tumour-like masses in the larynx and laryngo-pharynx is tuberculosis. Tuberculosis can exactly mimic a growth of these parts and this is well illustrated by two cases, of which I have personal knowledge, in both of which tuberculosis was mistaken for carcinoma.

The first case had been referred from an experienced laryngologist in the North of England, with a ready-made diagnosis of cord cancer. The patient had just moved to London. The appearance was typical, corresponding exactly with the description I have just given you and it was decided to advise laryngo-fissure,

Impressions of Lecturers—X. Mr. Salmon

i.e., removal of the affected cord through a mid-line incision splitting the larynx. Microscopical examination of the specimen removed at the operation revealed the tuberculous nature of the lesion and subsequent X-rays showed a tuberculous cavity at the apex of the right lung. This should impress on you that X-rays of the chest are an essential part of the investigation of these cases.

The second case was that of an old man whom a physician, a specialist in geriatric medicine, had been called to visit at his home. He had diagnosed cancer of the throat. For some months the old man had suffered from a sore throat, progressive dysphagia and progressive loss of weight. On examination he was found to have masses of hard glands on both sides of the neck. He was brought up by ambulance to see me. With a mirror I observed a fungating mass replacing the epiglottis and proceeded to ask a radiotherapist to see him with a view to palliative irradiation. "What does the chest X-ray show" he asked. I hastened to have the chest X-rayed and to my grave mortification observed the evidence of advanced senile tuberculosis of both lungs. In this patient the "carcinoma" of the epiglottis cleared up on streptomycin or P.A.S. or I.N.A.H. or all three, I cannot remember.

Now I must ask you to turn your attention again to the appearances in the laryngeal mirror. I had started to describe the appearance of carcinoma of the vocal cord. Unfortunately it is only the occasional case which the laryngologist is lucky enough to see while it is still a small wart at the junction of the anterior and middle-thirds of the vocal cord. It will usually have spread forward and backwards and sometime upwards and downwards by the time it is seen in the Ear, Nose and Throat Department. Perhaps the most characteristic appearance is where the whole cord on the affected side is replaced by a nodular warty mass. One of the most important points to be observed in such a case is whether or not the mobility of the affected side of the larynx is normal. Frequently the affected side will be seen not to move, evidence of deep infiltration. The sub-glottic carcinomas are particularly likely to fix the cord early and if you see a small lesion on the edge of the cord when the cord is immobile, you should expect a large sub-glottic extension.

Next I should like to say something about the appearance of carcinoma of the pyriform-fossa. I shall be describing an example of this presently. Frequently the growth produces a deep fissure-like ulcer at the front of the pyriform-fossa. In the mirror this cannot be seen, but usually there is extensive œdema or infiltration round about, and the aryepiglottic fold on the affected side may be enormously ballooned up, often hiding the corresponding vocal cord from view.

In certain localities a malignant ulcer may reach a large size although appearing in the mirror as something quite small. This may be the case when the ulcer arises at the root of the epiglottis. At first this may not show in the mirror at all and later on it may appear only as a small irregularity along the posterior margin of the visible part of the epiglottis. Similarly growths in the post-cricoid region may be very large while showing in the mirror only as a small irregularity below and behind the arytenoids. Indeed it is a general rule that the epicœsophogial carcinomas cannot be seen with the mirror until they are very extensive although there is a physical sign for which in these cases you must be on the lookout. This is called Jackson's sign, after Chevalier Jackson, the pioneer laryngologist from Philadelphia. It consists of the presence in one or other pyriform fossa—sometimes in both—of frothy unswallowed secretions. These are held up by the growth below and tell the tale of what is hidden.

There is a great deal more I might say about indirect laryngoscopy, but I have described to you, I think, the more important signs to be elicited with the help of the laryngeal mirror.

(*To be concluded*)

PEDAGOOGLY—X

I'm a red corpuscle, I'm a communist cell,
My host has pale mucosae and a dark black shell,
Despite the iron curtain
My number's up I'm certain
For my hammerglobin sickles and I don't feel well.
I'm a red corpuscle and I wish that I was not.
You heterozygous traiters, how I envy you your lot ?
Now I know that I am ailing
For the oxygen is failing.
My hammerglobin sickles and I feel a proper clot.

THE BIENNIAL DINNER, 1958

Mr. W. D. Doherty with a group of his contemporaries.
Left to right: Messrs. E. F. Wilson, W. H. Taylor, D. J. P. O'Meara, W. D. Doherty, Sir John Conybeare, Messrs. A. H. Shelswell and P. R. Boswell. (*Photo: Rawood Ltd.*)

THE CASE OF ARTHUR MILLER

By J. JOSEPH, *Department of Anatomy, Guy's Hospital.*

Readers of the *Gazette* may have noticed a brief reference to the next Theatre Club production of "The Crucible" by Arthur Miller. Some information about his plays which were recently published in a collected edition may be of interest to those who will attend these performances. Although one of the leading writers of America, Arthur Miller, of course, became truly celebrated in 1955 or 1956 when he married Marilyn Monroe, but long before this, anyone interested in the theatre knew that his fame was already established. His best known play, "Death of a Salesman", in which Paul Muni appeared, had a long run in London in 1949 until January, 1950, and was made into a film with Fredric March playing the leading role. His most recent play "A View from the Bridge" achieved a certain notoriety because it was banned by the Lord Chamberlain, but it ran for many months in the Comedy Theatre; the theatre was leased by the Watergate Theatre Club, which did not require the Lord Chamberlain's permission to put on the play. It may be mentioned in passing that the apparent reason for the ban was the fact that the subject of homosexuality was mentioned in the play; actually the association between homosexuality and the character concerned was only an hallucination of the main character of the play.

It has frequently been said that posterity would have been greatly helped if Shakespeare had left his own observations on his plays and similar remarks have been made about many different works of art. "What does the writer, painter, sculptor mean ? " is a *cri de coeur* of the puzzled public, although one is comforted by the thought that inevitably there will be an endless stream of learned and academic interpretation of works of art, especially of those about which the artist has said nothing. In the case of Arthur Miller we are somewhat helped by his Introduction to the Collected Plays. In this he attempts to explain what he is aiming at but, as he himself says, not infrequently his aims differ considerably

from the effects produced on his audiences, and it is interesting to reflect on why that should happen. In his Introduction Mr. Miller emphasises that he is interested in the individuals in his plays and that the social background although important is not what he set out to write about. Perhaps he does not realize the extent to which he accepts that the individual and society affect each other and that his audiences' reactions are nearer what he intends than he is consciously aware of. "Death of a Salesman" seems to many people to be a tremendous indictment of several aspects of American life. The scene in which Loman, the salesman, in an interview with his employer is trying to retain his job while his employer shows more interest in his new tape-recorder is an obvious example. It is also the study of an individual who as Mr. Miller himself says "had committed himself so completely to the counterfeits of dignity and the false carriage embodied in his idea of success that he can prove his existence only by bestowing "power" on his posterity, a power deriving from the sale of his last asset, himself, for the price of his insurance policy". Is it wrong to ask who or what is responsible for "the counterfeits of dignity, etc." ? Implicit in the play is the answer that American society is largely responsible, whether the author himself consciously intended this or not. The *Times* critic seems to detect a source of weakness in Mr. Miller in that he "cannot make up his mind whether the emphasis in his studies of character is to fall on the social or the pyschological". Is it really necessary to emphasize one or the other or should one accept the fact that an individual's character at any one time shows the influence of both his environment and his psyche ?

Like "Death of a Salesman", "All My Sons" and "The Crucible" are regarded by many people as plays with a social content, as well as studies of individuals and their problems. "All My Sons", the earlier play, deals with Joe Keller who has made a great deal of money out of selling faulty aeroplanes during the war and whose conscience is wakened especially through his son who finds out about it. Mr. Miller points out that his main aim in the play is to show that such a man must be held responsible for the outcome of his actions, in this case the death of many pilots, including that of his other son. "The Crucible", which was made into a film in France and renamed "The Witches of Salem" with Simone Signoret and Yves Montand in the leading roles, has been linked with Arthur Miller's reaction to "McCarthyism" and the witch hunt, and is regarded as an attempt to show that on a previous occasion in history a similar social situation existed. Mr. Miller in his Introduction writes about "the terror in these people" which "was being knowingly planned and consciously engendered, and yet all they knew was terror", and also "above all horrors, I saw accepted the notion that conscience was no longer a private matter but one of state administration". His references here are to the atmosphere in America during the heyday of "McCarthyism" not to Salem, Massachusetts in 1692. Whatever one thinks about "McCarthyism" the fact remains that in "The Crucible" Miller was attempting to show to people what was really happening around them. In the telling of such history, individual characters are also highlighted, both those who were "dedicated to evil, not mistaking it for good, but knowing it as evil and loving it as evil" and those who insisted that conscience was a private matter. Regarding the latter characters let it be said to Arthur Miller's eternal credit that when faced with a similar situation, he insisted that his conscience told him that it was wrong to betray former friends and acquaintances and he preferred to stand trial on this issue. He was, as is well known, acquitted of the charge levelled against him.

Many references to the tragic hero are made in the Introduction and Mr. Miller is quick to defend himself against the charge of breaking the Aristotelian rules in that he makes his heroes ordinary men. Mr. Worsley in the *New Statesman* says that as a result he invokes only the pathetic not the tragic in his audience. In his latest play, "A View from the Bridge", let us say that the social content is not very obvious and that the main character Eddie is presented as the tragic hero. He is only a docker and he destroys himself because of his jealous passion for his niece. Here perhaps one's reaction is determined by one's attitude to the individual in society. If one thinks that every individual is important, then anyone can be a tragic hero providing his life has enough passion and heroism in it. Perhaps Eddie lacks heroism; he does not lack passion and Mr. Miller makes a spirited defence of his choice of a tragic hero. In discussing the rank of a hero he says that his stature is not so dependent upon his rank providing that his "career engages the issues of, for instance, the survival of the race, the relationships of God to man—the question, in short, whose answers define humanity and the right way

to live so that the world is a home, instead of a battleground or a fog in which disembodied spirits pass each other in an endless twilight".

There is a fifth play "A Memory of Two Mondays" which to the best of my knowledge has not been presented in Britain. I have seen the other four and the films made from two of them. One cannot but be impressed by his work, impressed by his desire for social justice, by his sympathy for the man who is finding life too much for him, and above all by his ability to portray emotional situations in a dramatic way. It may be regarded as fortunate that Arthur Miller has written an Introduction to his plays to explain what he really means to convey. Even without this explanation, some of the ideas he expresses in his Introduction provide an indication of his essentially humanitarian outlook allied to his love for the theatre. I advise those associated with Guy's Hospital to take the opportunity to see for themselves, when "The Crucible" is presented in November. One last word. I think the Theatre Club has undertaken an enormous task but after their production of "Monserrat" last year, I feel confident that they will make a success of "The Crucible" in spite of the warning words of Simone Signoret who, when told about the play at Guy's, said that the producer was going to have a great deal of difficulty in presenting the play. Here is a challenge from the leading actress who appeared in the film of "The Crucible".

THE PUPILS' PHYSICAL SOCIETY, 1957-58

The Pupils' Physical Society has had an active and successful year; seven open meetings have been held. The Secretaries have been Dr. M. H. Lessof and Mr. N. Porter. The Committee, elected at the Annual General Meeting on 16th October, 1957, comprised Messrs. Bush, Cameron, Hunt, Meldrum, Whimster and Whitehead.

The first meeting was an "internal" Clinical Meeting, on 14th November, followed by the usual discussion in the Students' Club.

On 23rd January, 1958, St Thomas's Hospital sent a strong contingent to the traditional Combined Clinical Meeting. The early stages of the meeting suffered some disorganization, following the failure of both O.P. lifts. The host-provided beer and the discussion were very enjoyable and enlivened by a patient's account of his treatment in a Homeopathic Hospital.

On 18th February, we were very privileged to have Professor R. Platt, P.R.C.P., address a packed meeting of the Society in the Anatomy Lecture Theatre, on "Renal Oedema". We were given a lucid exposition of some recent clinical and experimental findings.

The Society went on a return visit to St. Thomas's on 27th February, and was presented with many intriguing problems. Among the cases examined and discussed were a patient with a pulsatile swelling in the neck with a loud bruit, and patients with dermatomyositis, silicosis, a tumour of Rathke's pouch, and Hanoto hypertrophic biliary cirrhosis.

On 27th March, the Society held, for the first time, a Combined Clinical Meeting with the Westminster Hospital. Thirty senior students joined us in the examination of cases (including patients with Turner's Syndrome and Pulseless disease), X-rays, pathological specimens and, through the kindness of the Photographic Department, a display of coloured transparencies. In the Discussion after dinner our guests were very impressed by the (apparently) encyclopædic knowledge of certain members.

At the last meeting of the season on 24th April, an audience of fifty listened to four very interesting papers. T. Sherwood was awarded the Laidlaw Prize for his paper on "Two cases of polyposis coli" after a close contest with Dr. P. W. James who discussed a case of thyrotoxic myopathy. R. B. Huddy was awarded the Beddard Prize for his talk on the medical and social problems of old age and J. S. Cameron presented a very stimulating review of the mechanisms which cause œdema. The judges were Dr. Finnegan and the Secretaries of the Society. If the length of their deliberations was a fair guide, they had great difficulty in eliminating any of the candidates from the prize list.

The Secretaries for the year 1958/59 will be Dr. D. A. F. McGill and Mr. R. Beard.

The Annual General Meeting will be on Thursday, 30th October, at 1 p.m in Classroom 1.

TO THE WEST INDIES IN "THEODORA"

OCTOBER, 1958

The Boat.

Theodora is a 38 ton Bristol Channel Pilot Cutter, built at Fleetwood in 1911. She is one of the last and the largest of the Pilot Cutters, and under the name of *Kindly Light* broke many hearts by taking more than her share of the pilot trade around Barry Island in Wales. She originally cost £525 ready for the sea, and was crewed by two men and a boy, full complement, but sometimes by the boy alone when the men were otherwise occupied. This, of course, continued throughout the year, snow and sun alike. It is difficult to conceive why people would go to sea under such rigorous conditions, but they were fiercely proud of their boats and competition was keen as the fastest boats took the best jobs. *Theodora's* profit was more than double her original cost in a season.

She is heavily built, straight stemmed with a long bowsprit, tall topmast and low freeboard. Her lines are fine and she has no external ballast, making her fast and with an easy motion at sea. The lack of a metal keel has certainly contributed to her very fit late middle age as it reduces the strain on her gear.

Her working rig consists of about 1,800 square feet of gaff mains'l, jackyard tops'l, staysail and jib, but she was altered after the recent war to enable her to carry a further 1,700 square feet of canvas in the form of a square sail, stuns'ls and a raffee tops'l. Varying amounts of this latter rig will form the basis for Trade wind sailing.

The Crew.

There has been some difficulty in gathering a crew together as few people can take a year off work, and even if they could, few of them would have the opportunity. desire or money to take part in a trip such as this.

The Captain has had considerable sailing experience, especially in this class of vessel. Normally he teaches in a Public School, and for the past four years he has taken parties of boys for extensive cruises in *Theodora* during the Summer holidays.

The writer has signed on as Mate and ship's doctor and the remainder of the crew are three men who have just left school, and one girl. The latter must be almost unique in that she genuinely appears to enjoy this type of sailing; her chief tasks are organising the galley and organizing the men, at one of which she so far seems adept.

The Trip.

If weather conditions permit, it is intended to sail down to Lisbon, which should take between one and two weeks, and thence to Madeira and the Canary Islands, which should take a similar time. These are the jumping-off point for catching the North East Trades, which will blow us to Barbados in three to four weeks. In the West Indies, after some cruising through the islands, it may be possible to charter her to some Americans and thus ease the financial situation considerably, though this help has not been included in the budget, which will otherwise work out at about £1 per head per day. During this period the Ship's Doctor is hoping to work in Jamaica, and then rejoin the boat to sail up the East Coast of the United States to the Gulf of St. Lawrence. After some exploration of this part of the world, the boat will be returning across the North Atlantic next summer.

The major preparations have been made but there are hosts of jobs that have had to be done below decks, especially in order to soften her rather austere, though attractive, interior for the Americans. The bottom has been liberally coated with expensive anti-fouling to dissuade the Teredo worms as her hull is not sheathed and these creatures form a notable omission from the insurance policy. The constantly strong South-westerly winds and rain are very disheartening as it is the first part of the voyage that is going to be the most unpleasant, and a fair wind would make things much more enjoyable. The weather is getting cold now, and the present crew is not as hardy as the original one.

C.H.S.

CORRESPONDENCE

Letter to the Editor of the Gazette

Negligible Radiation Hazard in Mass X-ray

From Professor C. B. Allsopp and Dr. R. W. Stanford

SIR,—We have been asked by Dr. Kauntze to write to you to allay any concern that the routine Mass X-ray examination of students might involve a radiation hazard.

In the Medical Research Council's report on "The Hazards to Man of Nuclear and Allied Radiations", dated June, 1956, in Table 3K on p. 117 the *genetically significant radiation* received by both males and females during Mass Miniature Radiology was described as "negligible". This finding was based mainly on measurements made on a student population in 1952. In connection with a survey of medical uses of ionizing radiations which is being made by a committee under the Chairmanship of Lord Adrian, we have recently (1957) repeated these measurements on a number of Mass X-ray Units under normal working conditions. We found still less genetically significant radiation than in 1952.

In assessing the desirability or otherwise of any diagnostic X-ray examination, due weight must be given to the positive benefits which are likely to be gained from it. In this case, there is no doubt that any radiation hazard is *very* much less than that of having an unsuspected tuberculous lesion; and we would therefore advise all students that they may have no apprehension in attending for mass X-ray under the supervision of the Student Health Service.

One word of warning is perhaps necessary. If an individual is receiving additional radiation from any other source, for diagnostic or other reasons, he should report the full details to the Director of the Student Health Service and seek his advice whether the mass X-ray should be accepted.

Yours etc.,

C. B. ALLSOPP

R. W. STANFORD.

Physics Department,
Medical School,
Guy's Hospital, S.E.1.

Guy's Telephonists

From the Provost of Southwark

SIR,—First impressions are always important, and none more so than when one rings up a hospital from outside. If you have some conception of what it is like to be busy yourself you probably have very special consideration for other people who are busy—and hospitals always are.

I would like to say what very great courtesy and efficiency I always receive when ringing up Guy's Hospital. Sometimes the person I wish to speak to needs a certain amount of finding, and this is always done with a cheerful voice and great helpfulness.

How well I know from experience that, when you ring up some large business houses and other organizations, the voice that answers the telephone says, not in fact but in tone, "You have rung at the worst possible moment, I am terribly busy and can't imagine why I should be bothered by you." The voices on the Guy's Hospital exchange indicate : "We have been waiting for you to call and are only too anxious to do all we can to help you." I am very grateful.

Yours etc.,

GEORGE REINDORP.

The Provost's Office,
16 Duke Street Hill, S.E.1.

Cancerphobia

SIR,—I read with interest your leading article in the *Guy's Hospital Gazette*, 30th August, 1958. I venture to think that you have the same mistaken ideas concerning 'Cancerphobia', as some other members of the profession. I have been working at Cancer Education among the public for over twenty years, and have given hundreds of lectures, last year 74, this year so far 67 and many more booked, and so can claim some knowledge of the 'cancer psychology' of the public.

I agree with you there are very few cases of true Cancerphobia, but nearly 100 per cent. of the population suffer to a slight or greater degree from "Cancer Apprehension". This is of two types (A) Personal Apprehension, when a patient notices some pain or symptom for which there is no obvious cause, and at once thinks "Can this be Cancer ?" They are often too nervous to visit a doctor, and go on worrying until the symptom disappears. Type (B) Impersonal Apprehension, when a person thinks that if they talk about Cancer they will cause fear in the person addressed. This does untold harm because it keeps up 'Hush Hush' and the conspiracy of silence which prevents the patient from seeking advice, often with fatal results.

Emerson was right when he wrote "Knowledge is the antidote to Fear" and the suicides you mention are due to a want of knowledge.

I do not advocate 'yearly check-ups', but I regret to say many of the public do *NOT* "have a childlike trust in doctors" because many doctors think all their patients are idiots, and treat them as such. The days of the medical High Priest are over.

It is delightful to see your optimism that 'the cure for Cancer is just round the corner,' but that does not justify your idea of leaving things as they are, thus causing much cancer apprehension and many deaths.

Yours etc.,

MALCOLM DONALDSON, F.R.C.S., F.R.C.O.G.,

337, Woodstock Road,
Oxford.

Honorary Secretary,
The Cancer Information Association.

Old Age

SIR,—Congratulations to Mr. Huddy for his excellent paper on the growing problem of old age.

Many of the important developments in geriatrics have taken place in peripheral hospitals because the number of beds required to deal with the many patients at risk can never be found in teaching hospitals with their numerous other specialist commitments. It is, however, of great importance that teaching hospitals should interest themselves in this subject if only to propagate the idea, still by no means widely held, that old age should be no bar to the benefits of modern medicine and surgery. If accurate diagnosis and energetic investigation, treatment, and rehabilitation can be offered to old people as soon as they fall sick the great majority are enabled to return to their homes within a few weeks, before they have lost their places in the community. In this way they can be prevented from swelling the numbers of the chronic sick.

In one provincial geriatric unit of which I have experience 3,000 patients from a population of 350,000 are admitted each year through 470 beds. Of these two thirds go home within a month. There has been no waiting list for 7 years and any old person who falls sick and requires hospital treatment can be admitted the same day.

To see this process in action is a remarkable experience. The secret behind it is not to be learned from a course of lectures or even from a book, but it can be learned by anyone who will follow Mr. Huddy's example and seek to visit those hospitals which practice good geriatrics. Such visits might well become part of the medical curriculum like those to sanatoria and public health centres. In this way more may come to realise the interest and value of geriatric work which, as Mr. Huddy says, covers many of the most difficult problems of general practice and provides clinical opportunities as fruitful and satisfying as those of any other branch of medicine.

9, Thornhill Terrace,
Sunderland.

Yours etc.,

R. E. IRVINE.

The Crucible

SIR,—As a Rhodes Scholar from Massachusetts I must protest against your statement that Miller's Play "The Crucible" is " . . . a dramatized account of the astonishing witch-hunt which swept the town of Salem, Mass., in 1892".

In those days my grandfather was a keen huntsman, but he would find it more than "astonishing" to be told that witches were the quarry. 1892 just was not a good season for witches.

The setting of this fine play, as no doubt the director and actors are aware is two centuries earlier.

Anyway, I wish all concerned with November's production every success.

Yours etc.,

REX HURTON.

Magdalen College,
Oxford.

"The Red River of Life"

SIR,—May I, through the courtesy of the *Gazette*, draw attention to the showing of the sound and colour film of this title, at 5 p.m., on Tuesday, 4th November, in the Physiology Theatre.

This is the latest in the series of Fact and Faith films. It has already been widely shown to the medical profession and has been recommended to us, by many sources, for its excellent quality.

All members of the Hospital community, both past and present, are cordially invited to this meeting.

Yours etc.,

SIMON S. BROOK,
Hon. Secretary, Guy's Hospital Christian Union.

Guy's Hospital, S.E.1.

Music Club

SIR,—May I inform your readers of the Music Club's activities for this term ? The Choir are rehearsing a programme of Christmas music on Monday evenings at 5 p.m. in the Quiet Games Room. There will be an announcement later as to the date of the performance.

The orchestra are rehearsing Schubert's "Rosamunde" Overture on Tuesday evenings at 4.30 p.m. in the Quiet Games Room.

Yours etc.,

M. A. McL. BAILEY,
Hon. Secretary, Music Club.

Guy's Hospital, S.E.1.

Rugby Ball

SIR,—We should like to announce, through the courtesy of your columns, that the Rugby Ball this year will be on Friday, 28th November. It is to be held at the Hyde Park Hotel, from 8.30 p.m. until 2.00 a.m. Dinner will be served at 9.00 p.m. Mrs. Hedley Atkins has kindly promised to be Hostess for the evening.

A Friday evening has been especially chosen this year. This is in the hope that as many as possible past members of Guy's will now find it convenient to join us. Double tickets are priced at 4 guineas (3 guineas to students at the Hospital) and can be obtained from the Ball Secretaries, care of the Front Lodge. Cheques should be made out to "The Guy's Hospital Rugby Football Club (Dance Account)."

Yours etc.,

J. D. EUSTACE
D. A. REYNOLDS
J. SALES
Hon. Ball Secretaries.

Guy's Hospital, S.E.1.

QUODLIBET SOCIETY

The speaker at the meeting of the Quodlibet Society on 9th October was Raymond Firth, Professor of Social Anthropology at the London School of Economics. Given the choice of talking about the aims of social anthropology, which he thought would be pretentious, or about himself, which he thought would bore, he compromised and talked about his work. This he hoped would show what social anthropology was about.

He described how he spent some months living among a community of Solomon Islanders said to be the most primitive people, studying their customs and life. This had shown him that although they were primitive technologically their social and political institutions were very complicated. Coming from Western civilisation which believes its customs and ethics are the correct and natural ones, he found striking differences and in spite, or because, of these their social system worked. For instance in the West a good friend is one who expects nothing. In the Solomon Islands if a friend does a good turn, he expects something back, and if he doesn't get it, asks for what he wants.

As well as studying social behaviour, the social anthropologist is often asked for advice in dealing with primitive races. At a W.H.O. Conference on child mental health at Sydney, Professor Firth spoke about family relationships in Pacific communities so that those responsible for the mental welfare of children in that area would understand the social background.

The discussion suffered from being question and answer, with no real discussion. Many of the questions were about the advice social anthropologist could give: to colonial administrators, to doctors, and to young men in love: and especially on ethics and morals. Professor Firth stressed that in answer he could only point to successful communities which had different ethical codes, and not say which was right or wrong, if indeed any were. From the social anthropologist's point of view what worked was satisfactory. Could the social anthropologist's work be applied to the study of so-called civilized people, including ourselves ? Not easily because of the immense complication of our social life. The methods are more useful in studying small isolated communities.

The aim of social anthropology is to deduce general laws of human social behaviour from a study of small communities; that these have usually been primitive is because they are easier to study. Real progress will be made when more complex societies are investigated.

The Society met in the Student's Club on Friday, 17th October, to hear a talk by Mr. Ivor Brown, the author and journalist, on the subject of "The Impossibility of Dramatic Criticism".

Mr. Brown said that many plays which reached the West End had been so altered by managers who knew best, and producers who knew better, and by the whims of the actors themselves, that the author's true intentions were often hard to discern. Thus, a critic was in a better position to discuss a play if he knew something of its secret history, and was closely associated with the theatrical world. But this association was in direct conflict with the other necessary qualifications of a critic, amongst which were impartiality and catholicity of taste.

Questioners were keen to dispute many points in Mr. Brown's address, and the discussion which followed ranged widely over the whole field of the Theatre including, of course, The Method.

Mr. Robert Cook was in the Chair.

PEDAGOOGLY.—XI

A passing pressure of her hand,
A fleeting smile, a sidelong glance ;
These little signs we understand.
Coy lover ? No, St. Vitus' dance.
But if a thrill can be detected
Her heart is certainly affected.

REVIEWS

Gray's Anatomy—Descriptive and Applied. Edited by T. B. JOHNSTON, C.B.E., M.D., D. V. Davies, M.A., M.B., B.S., and F. Davies, M.D., D.Sc., F.R.C.S. Thirty-second (Centenary) edition. London: Longmans, Green & Co. *Price* £6 6*s*.

In view of the long association of Gray's Anatomy with Guy's Hospital in the persons of its senior editor and the late James Whillis, most who read this review will join with the writer in affectionate congratulations. The 'Doctor's Bible', the best-seller of medicine, has reached its first century of service, and seems as lusty as ever. Certainly the volume is heavier, even more sumptuous in illustration, and costlier than it has ever been. But it is more, for re-writing is evident in all sections of the book; those on Histology and Arthrology in particular being much improved. The parts of Gray which are perhaps the least read, the introductory remarks to various sections, have always seemed to this reviewer the cream of the volume. In some of these the editors have clearly been at pains to include the fruits of recent work, even to the point of citing some researches that can scarcely yet be called well-founded. This is a refreshing change, and doubtless professional anatomists and others whose chief use for Gray is in reference would like to see this policy burgeon, for documentation has never been a strong point. However, that is perhaps to expect too much, for one must presume that the book was never intended for so limited and specialized an audience, however well it may do service for their needs. Of course, Henry Gray's original work occupied 750 pages, well within the compass of a diligent student in times when the press of other studies was less arduous than nowadays. That text is now fully submerged, and has been so for decades, in pages more than twice as numerous. One is tempted to ask whether it has not outgrown the scope and needs of even postgraduate students, though their work be largely revisional.

It has been said that Gray is now chiefly to be praised for the "idea of a book", and whether or no his was a good idea, the over-writing of his text has gradually evolved a work which perhaps essays to satisfy too wide a circle of readers, whose differing needs cannot really be served by any one book. Gray's intentions were quite clearly to provide a text for the 'Student and Practitioner' with a special view to surgical application. That this reflected some lack of appreciation of the equal need of at least the major facts of human structure, and sometimes the minutiæ, in other practices of medicine than the surgical, is by the way; though it is sad to see how prevalent this fallacy remains. Gray's Anatomy still preserves in its sub-title, "Descriptive and Applied", what must be approved as a proper regard for the medical applications of anatomical fact. Gratefully, the work has long since lost the cadaveric reek of the "Operative Surgery" practised in anatomy departments until comparatively recent times. In pursuance of this trend it has indeed developed a growing awareness of "living anatomy", and to the extent that in matters of application many editions have now shown a healthier tendency. But in the matter of "description" grave doubts must now arise whether the pullulation of detail has not over-distended the volume. With each page added it draws still further away from the capacity of those for whom it was written, and they must still comprise the largest element in Gray's most gratifying circulation. Indeed, for some decades the book would seem to have turned to extend a helping hand to all who, like anatomists, sometimes require the most compendious concoction of the subject to be had, and without any purposive apostasy from the humbler fry. This is a perilous manœuvre. In truth we lack a recent expert treatise of anatomy in the English tongue, unlike our continental colleagues, who are in this respect better served. But until some such commercially unprofitable masterpiece is in our hands, our Gray's must serve this need as well, with the occasional help, of course, of the Caledonian counterpart, currently engaged in the same dangerous acrobatics of trying to please too many masters. Though competition cannot yet be qualified as fierce, new works, aimed at more specific classes of user, are presently appearing. All those who have the future of Gray's Anatomy at heart, and many they are, must hope that these difficulties are fully recognized by those who must decide what form this future shall take, as doubtless is the case. For despite its drawbacks, which are few compared with most similar texts, Gray is a fine book, matured for a century, and still a vigorous, potent growth.

To the Editors and Publishers, and to all those, acknowledged and anonymous, who have aided them in launching this Centenary Edition, we proffer our felicitations, and wish them *bon voyage* as they sail their great craft into a second century.

R.W.

Clinical Periodontology : The periodontium in health and disease. 2nd Edition. By I. GLICKMAN, B.S., D.M.D., F.A.C.D., Professor of Oral Pathology and Periodontology, and Director of the Division of Graduate and Postgraduate Studies, Tufts University School of Dental Medicine. W. B. Saunders Co., Philadelphia and London, 1958. 978 pp. with 720 illustrations. *Price* £6 2*s.* 6*d.*

The second edition of this excellent text book has been revised and some portions rewritten. New sections include modifications in gingivectomy technique, such as gingivoplasty with rotary abrasives, and the use of different types of bone grafts in the surgical treatment of intrabony pockets. The references also have been brought up-to-date but the total number of these has been pruned by more careful selection. The author is to be congratulated upon effecting a reduction in the length of this second edition, which is forty pages shorter, and also the fact that the publishers have used a better quality paper, ensuring excellent reproduction of the illustrations. Unfortunately, the increase in price from £3 15s. 0d. to £6 2s. 6d. will put this valuable text quite out of reach of the undergraduate student in this country. This edition should consolidate the position of this book as the generally accepted standard text on this rather specialised branch of dentistry. It should be available for reference in all dental libraries and can be strongly recommended to all dental practitioners who are interested in periodontology.

R.D.E.

Complete Denture Prosthesis. By DANIEL H. GEHL, D.D.S., Professor of Denture Prosthesis, and O. M. DRESEN, D.D.S., Dean, Marquette University School of Dentistry. Pp. 542, figs. 310. W. B. Saunders Co., Philadelphia and London. *Price* 77*s.*

On the retirement of Professor Schlosser, Dr. Dresen joins Professor Gehl as co-author of the fourth edition of this popular American manual.

There have been very few alterations in the text since the last edition. Such minor changes as have been made include new material on tooth selection and the inclusion of rubber base impression material. Some illustrations have been replaced and a few more added. They are not all referred to in the text and Figure 47 on page 97 is one which calls for some explanation.

Despite attempts by the Academy of Denture Prosthetics to standardize nomenclature the definition of "compensating curve" on p. 49 and its illustration by reference to a natural dentition is at variance with accepted terminology. Centric Relation is used on p. 222 to refer to a specific intermaxillary relationship correctly termed centric occlusion.

When referring to cold-curing resins on p. 363 it is stated that these are not yet on the approved list of the Bureau of Standards, whereas in fact they are included in the specifications approved to take effect in 1956.

One of the special features of this book is that at the end of each chapter, in addition to the list of references which are quoted in the text, there is also an extensive bibliography to facilitate further reading and this has been enlarged and brought up to date.

The high standard of printing and illustrating set by the publishers in previous editions is maintained.

This is a book which all Prosthetists should have on their bookshelves and students are recommended to read.

D.J.N.

SPORT

RUGBY FOOTBALL

Guy's v. Cambridge University

At Cambridge 11th October, 1958

Result—Lost 38-3

Guy's, much weakened by injuries, took the field against a Cambridge side containing five old blues and two internationals. There was no wind, and the pitch was in first class condition. Everything was perfect for an open game, and indeed we were treated to an excellent exhibition from the Cambridge backs and three-quarters.

The final score would suggest that Guy's were thoroughly outplayed, but this was not so, as for long periods play was very even with the Guy's pack matching the Cambridge forwards in most respects. The decisive factor was the fine form displayed by the Cambridge three-quarters, who whenever the ball reached them, ran with great determination and skill, penetrating the Guy's defence time and time again.

Scotland at full-back for Cambridge played a magnificent game, for besides kicking a penalty goal and three conversions he came into the line on numerous occasions to make the extra man, and what havoc he wrought with this manoeuvre! Apart from this, he was always prepared to run

with the ball instead of kicking and once initiated a scoring movement by bringing the ball from behind his own line.

The two packs were evenly matched in all respects except the line-out, where Cambridge were masters of the situation. Smith, the Cambridge scrum-half, plied his partner with a stream of long accurate passes, which were always made full use of in setting the line in motion. Guy's on the other hand never tried to open the game up, prefering to use the kick to touch as a means of approaching the Cambridge line. These tactics were of little avail on this occasion and it would be fair to say that the Cambridge defence was rarely tested.

Guy's kicked off but the offensive was taken immediately by the University who kept play inside the Guy's 25 for the opening minutes. Eventually the left wing scored under the posts following an orthodox movement from a set scrum. Scotland kicked the goal and a few minutes later was successful with a penalty taken on the Guy's 10 yard line. Shortly afterwards the left wing scored again following a break through in the centre. Again Scotland converted.

Guy's now seemed to recover from the shock of the Cambridge assault and fought back strongly holding off all the University attacks and really getting to grips at forward. Play was very even, and it looked as if the answer had been found to the quick interpassing of the Cambridge side, but then Scotland picking up a loose ball, made a lot of ground along the right touch-line before kicking inside for his centre to gather and go over for a try that was not converted. Seconds later, a break by Windsor-Lewis resulted in a loose scrum near the Guy's line, and a Cambridge forward forced his way over for another try. This was converted and ended the scoring in the first half.

Half-time score: Cambridge University 21, Guy's 0.

The story in the second half was much the same, Cambridge doing all the scoring in two periods. Shortly after the resumption, two tries were scored, one by Mills, the other by Davies, neither being converted.

Guy's scored their only points when Pagliero kicked a very good penalty from about 40 yards. Before the end Davies crossed twice more and dropped a goal. One of these tries was converted.

Team: K. M. Pagliero; D. A. Biggs, R. J. O. Smith, M. Sanders, R. J. Parker; D. O'Grady, J. D. Eustace; A. C. Knight, W. N. Patterson, R. W. May, P. W. R. Harris, B. Blackwell, P. Jackson, G. Williams, J. D. Bryant.

ASSOCIATION FOOTBALL

Inter-Hospital League

Guy's v. St. George's Hospital

At H.O.P. 18th October, 1958

Result—Won 4-2

A dramatic change in the later stages of this important league game with St. George's resulted in a fine win for Guy's at a time when all seemed lost.

The match opened in very brisk fashion with St. George's looking a far more determined side than Guy's; they were quicker to the ball, and their fast moving forwards line had the Guy's defence reeling on many occasions. One very dangerous thrust down the left wing almost opened the account for St. George's. Their left-winger, after beating Gann, took the ball to the goal-line and then placed an excellent square pass which was hit first time by his inside man, Parry in the Guy's goal did well to save. Pressure on the Guy's goal continued and Parry in making a point-blank save could only manage to push the ball out; unfortunately for Guy's it fell at the feet of an opponent who made no mistake, to put St. George's one up.

Guy's were settling down after their shaky start; the forwards combined well and following a good run by Gibson Guy's almost equalised when Wright's first time shot was just wide. Brian Smith, who was playing a fine attacking game at right half, crossed a good ball but Wright's header was mistimed and St. George's managed to scramble the ball away. A solo effort by Landers resulted in bad luck for Guy's when his shot struck the far upright and rebounded into play. Exchanges were fairly even during this period, there being no further score before half-time.

St. George's resumed in even stronger fashion and Guy's were penned in their own half for long periods. Parry, always alert and playing in a most confident fashion, made a brilliant save from the St. George's inside right who suddenly appeared from the left-wing position. St. George's increased their lead when their centre forward beat two men and scored with a hard drive that gave Parry no chance. Thus with ten minutes to go and two goals in arrears the position looked ominous for Guy's. Then Landers, who was standing 2 yards offside, received a ball, hesitated, and hearing no whistle wisely ran through and scored. The goal was surprisingly allowed and the blow seemed to upset St. George's. Under renewed pressure they fell to pieces. Guy's quickly drew level when the St. George's right back scored an own goal when chased by Landers. Guy's stormed to the attack and a three man move ended when a good through pass by Wright was snapped up by Gibson who scored with a cunningly placed shot. Jaworski struck the final blow for Guy's with an opportunist goal from 20 yards to give Guy's a 4-2 victory.

It was a keenly contested game, very sportingly played between two well-balanced sides and all things considered a draw would have been a more fair result.

Team: G. Parry; M. Gann, D. Smith; B. R. T. Smith, H. Missen, C. Barratt; J. Carmichael, W. Landers, W. Jaworski, I. Gibson, D. Wright.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar (mid-grade) in the Genito-Urinary Department**, with duties from 1st December, 1958, until 30th September, 1959.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **31st October, 1958.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st December, 1958. Appointment recognised for the D.C.H. *Candidates must be registered practitioners, and* should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **7th November, 1958.**

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar** for one year commencing 1st December, 1958. Previous experience in neurosurgery essential. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by the 8th November to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st December, 1958. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made by the **8th November**, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL MEDICAL SCHOOL

CLINICAL STUDENTS

October, 1958

J. S. M. Beales	Oundle School and King's College, Cambridge
J. D. F. Bellamy	Nottingham High School and Jesus College, Cambridge
R. D. Blacklidge	Charterhouse and Magdalene College, Cambridge
D. B. Calne	Epsom College and St. John's College, Oxford
C. Dare	Perse School, Cambridge and Pembroke College, Cambridge
R. A. Durance	Epsom College and Gonville and Caius College, Cambridge
R. J. Elliott	King George V School, Southport and Trinity College, Cambridge
W. R. Esson	William Hulme's Grammar School, Manchester and University College, Oxford
I. Gibson	Manchester Grammar School and Brasenose College, Oxford
E. M. Holt	Kelly College, Tavistock and Emmanuel College, Cambridge
H. Jay	Westminster School and Gonville and Caius College, Cambridge
J. E. A. Knowles	Epsom College and Magdalene College Cambridge
J. J. Meanley	Gresham's School, Holt and Sidney Sussex College, Cambridge
M. C. W. Morgan	Royal Grammar School, Worcester and Gonville and Caius College, Cambridge
W. J. Norman	Nottingham High School and St. John's College, Cambridge
S. Nundy	St. Paul's School, Darjeeling, India and Gonville and Caius College Cambridge
A. B. Richards	Cranleigh School and Gonville and Caius College, Cambridge
I. Ziment	King George V Grammar School, Southport and Gonville and Caius College, Cambridge

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

September, 1958

Anatomy

D. D. French

Physiology

D. D. French	M. A. F. Lake
G. R. Gordon	J. R. Pearson

Pharmacology

B. Batten	R. K. R. Innes
J. S. Brewer	F. H. A. Jago
J. P. B. Budgen	C. C. Korvin
R. G. Bury	I. F. Macrae
H. M. Clink	J. R. Norman
G. P. Coleman	S. M. Patient
A. S. Cooper	R. J. Rew
E. R. Dixon	J. B. Sales
M. D. Farrar	G. M. Slade
D. R. Harvey	M. A. B. Sneary
K. E. F. Hobbs	Patricia M. Thompson
A. S. Horner	Barbara Walsh

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Cosin, L. The Active Treatment of the Elderly Sick. *Nursing Mirror*, 1958 (3rd October) p. 37.

Fry, John. Antibiotics in Acute Tonsillitis and Acute Otitis Media. *Brit. med. J.*, 1958, ii, 883.

Gregory, Irene D. R. Familial Macular Defects. *Brit. J. Ophthal.*, 1958, **42**, 617.

Horton R. E. Some Modern Developments in Peripheral Vascular Surgery. *Med. J. South-West*, 1958, **73**, 92.

Kendall, P. Hume. Intra-articular Prednisolone. *Brit. med. J.*, 1958, ii, 290.

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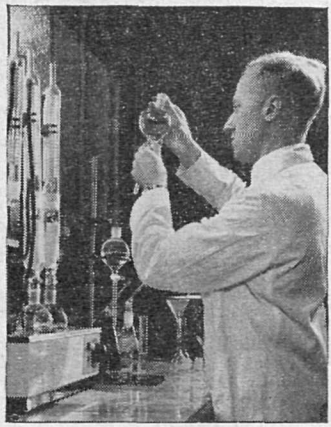

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CHANGES OF ADDRESS

R. W. Edmonds, M.B., B.S., Summerland Lodge, Mount Durand, Guernsey, C.I.

J. D. Derry, B.D.S., 40, Epsom Road, Guildford (Tel. Guildford 5620).

R. J. S. Milton, M.R.C.S., L.R.C.P., Cornwall House, Cornwall Avenue, Finchley, N.3. (Tel. Finchley 1976).

H. W. Powell, B.D.S., 23, Westmoreland Road, Bromley, Kent.

Michael J. Young, M.B., B.S., "Goldsytch" 30, Mill Way, Mill Hill, N.W.7. (Tel. Mill Hill 1242).

P. V. Skinner B.M., B.Ch., Oak Lodge, Hildenborough, Kent. (Tel. Hildenborough 2244).

Peter F. Stebbing, M.R.C.S., 37, Crossmead, Eltham, S.E.9. (Tel. Eltham 8870).

BIRTHS

ELLIS.—On 11th September, 1958, at Queen Charlotte's Hospital, to Mary (née Kress), wife of Douglas Ellis, a son (Roderick James).

GLENDINNING.—On 11th October, 1958, at Guy's Hospital, to Gillian (née Cann), M.B., B.S., wife of Neil Glendinning, M.B., B.S., a son.

LARGE.—On 2nd October, 1958, at Melbourne, to Susan (née May, S.R.N.), wife of Paul, a son (Richard Vincent), a brother to Peter and Susanna.

MILLMAN.—On 19th October, 1958, at St. David's Hospital, Bangor, N. Wales, to Patricia Anne, wife of Charles Keith Millman, B.D.S., L.D.S.R.C.S., God's gift of a son—Andrew Gareth.

OAKENFULL.—On 7th October, 1958, at The Maternity Home, Scunthorpe, to Isabel (née Heath, M.B., Ch.B.), wife of Basil G. P. Oakenfull, F.F.A.R.C.S., a son (Andrew), a brother for Michael.

PAGE.—On 23rd September, 1958, at Tunbridge Wells Maternity Home, to Nancy Page, M.B., B.S., wife of Denys Page, B.Sc., a son, (Malcolm John), brother for Christine, Anthony and Nicholas.

POWELL.—On 6th June, 1958, to the wife of H. W. Powell, B.D.S., a daughter (Jacqueline Jane), a sister for Christopher.

SHARPLES.—On 12th October, 1958, at the Louise Margaret, Aldershot, to Jacqueline (née Coker), L.D.S.R.C.S., wife of Norwyn Sharples, B.D.S., L.D.S.R.C.S., a son, Nicholas.

STILES.—On 20th September, 1958, at Queen Charlotte's Hospital, to Suzanna, wife of Peter Stiles, M.B., B.S., a daughter (Renske Emily).

WEBB.—In Barbados, T.W.I., to Celia, wife of R. A. J. Webb, M.B., B.S., a daughter (Deborah Ann), a sister for Amanda and Bill.

MARRIAGES

HENDERSON—IRVINE.—On 15th August, 1958, Peter Henderson, M.A., to Sarah Irvine, S.R.N., S.C.M.

JOSEPH—WEEDEN.—On 6th September, 1958, at Appleton Chapel, Harvard University, Cambridge, Massachusetts, Michael Christopher Joseph, M.D., M.R.C.P., to Pamela Ann Weeden.

DEATH

LEWIN.—On 16th October, 1958, at Mole Cottage, Great Molewood, Hertford, George Lewin, M.B., B.S.(Lond.), late of 1, Haling Park Road, South Croydon, in his 83rd year.

Eds. { J.A.W. D.N.L.

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NOTE NEW ADDRESS,

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1834 *8th November* 1958 *One Shilling*

PASSIM

WE wonder what is the climate of opinion among the staffs and students of Guy's about the visiting hours allowed to patients here. Apart from the mothers in *Victoria* and the children in *Caleb* and *Diplock*, who have daily visits, the wards are open only three times a week, from 5.30 to 6.30 p.m. on Wednesday and from 3 to 4 p.m. on Saturday and Sunday. Patients certainly find these hours distressingly few, and only for very good reasons can we continue to limit the visiting hours so severely. Students might grumble at another unavailable half-hour in the wards, but in the evening this would not be a serious handicap. Nursing staff whom we have consulted feel great sympathy for the patients' yearning for daily visits, but point out that the evenings are extremely busy with routine treatments, pre-operative procedures and other business which would make visiting every evening a difficult matter to arrange practically. The argument that teaching hospitals never allow daily visiting, which we have heard, is not true—St. Thomas's, The Royal Free, the London, St. Mary's, St. Bartholomew's, the Westminster, King's, St. George's, and University College Hospitals all allow daily visiting, often for half an hour only, but every day nevertheless. Nurses have found that patients enjoy tea with their relatives on Sunday: as a suggestion, could not our patients be visited during supper each evening ?

On Sunday, 26th October, a conference on General Practice was organized by the *Medical World*, which was unique in that all the speakers were practitioners who had come to contribute to and learn from the discussions. A crowded but brilliantly organized day included four sessions during which different aspects of general practice were thrown open by experienced chairmen to discussion by the 400 doctors present, all speeches being limited to five minutes. "Emergencies in General Practice" produced very different notions of which are the common and which the uncommon emergencies, so that a student from the Middlesex Hospital was moved to ask where all the cases of perforated ulcers and appendicitis, for instance, were referred from. A second discussion on "Rehabilitation in General Practice" was preceded by a film of a man crippled by rheumatoid arthritis, and complaints were voiced about the difficulty of getting household appliances for such patients from local authorities. Dr. John Fry then took the chair at an impassioned session, "Must the G.P.'s wife be married to the Practice ?" where everyone's sympathy went to the wife of the single-handed practitioner, whose life is ruled by the

dictatorial telephone. Finally, the assembly agreed to differ over the question "Does the G.P. get the patients he deserves ?" We wished very much that all students could meet such a gathering of general practitioners "in bulk", as it were, for a most vivid impression was given that despite all inconveniences and disappointments, the general practitioners are deeply happy and fiercely proud to be what they are, family doctors to the nation.

We offer our sincere good wishes to Miss Evelyn Northfield, who is retiring after 26 years at Guy's in the Superintendent's Office. A farewell party was held on 4th November and the Governors informally presented her with a television set; her colleagues presented her with a pewter tea service, a cheque and some costume jewellery.

By the time this issue of the *Gazette* appears, the observant among us will probably have seen the Union Jack flying proudly from the frame of New Guy's House. This will signal that the topmost point of the building is in place, and we are assured that the roof will soon be completed. A further article on the Rebuilding of Guy's by Mr. Lees Read, the Clerk to the Governors, will appear in our next issue.

When Christmas cards are sent out in the next few weeks, envelopes will carry decorative seals as well as postage stamps. We warmly recommend the charming seals of Nativity scenes produced by the Christmas Poster Campaign, of 19 Charing Cross Road, and also a cheerful series of floral seals issued by the National Association for the Prevention of Tuberculosis, of Tavistock Square, W.C.1.

The *Nursing Mirror* kept up the good work after our last comment with a photograph of the Guy's nurses who sang in the St. Luke's Tide service at Southwark Cathedral. Meanwhile the *Sunday Times* has introduced a series of articles entitled "A Revolution in Nursing" which is both searching and constructive, and is provoking a good deal of discussion among the nursing staff. This journal also saw that an excellent illustration to any article on nursing is a photograph of a Guy's nurse, and accordingly published one with the first article of the series.

Lovers of soup will have applauded at least the good intention behind the recent spate of new *crêmes* and *potages* in the College dining room. With us, though, they will have winced when the menu introduced a soup of old Andalusia as "*Crême And a louse.*"

We would remind "a well-wisher" that it is not the practice of the *Gazette* to publish letters, particularly of criticism, above pseudonymous signatures, This may be varied if there are reasons, but then only if the name of the correspondent is furnished as evidence of *bona fides.*

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Pott's Disease.*
8th	S	10.00	Mr. G. Qvist (Royal Free Hospital). Surgical Departmental Round. Clinical Theatre.
			Rugby 1st XV *v* Birkenhead Park (H.O.P,).
11th	T	1.00	Mr. P. W. Clarkson. Clinical Lecture. *Injury by Cold.*
12th	W	1.00	Mr. K. E. Pringle. Dental Clinical Lecture. *Treated Orthodontic Cases.*
		4.30	Science Club (Professor J. T. Randall, F.R.S.). Common Room.
13th	Th	1.00	Dr. A. W. Hind. Clinical Lecture. *Anaesthesia in Dental Chair for Children and Adults* (with films).
14th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *The Oesophagus and the Lung.*
15th	S		Rugby. 1st XV *v.* Rosslyn Park. (Roehampton).
17th	M	1.00	Dr. D. Stafford Clark. Clinical Lecture. *Compulsive Behaviour: or Look Back in Anger.*
		1.00	Mr. R. E. Rix. Dental Clinical Lecture. *The Aims of Orthodontics.*
18th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Beyond the Finger Tip.*
20th	Th	1.00	Dr. J. M. MacArthur. Clinical Lecture.
21st	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
22nd	S	10.00	Clinical Theatre. Meeting.

NOTICES

RICHARD BRIGHT CENTENARY

An Exhibition of original manuscripts, books and specimens illustrating Dr. Richard Bright's contributions to medicine will be on view in the

GORDON MUSEUM

from 10 a.m. to 5 p.m. on 1st December, 1958.

LECTURE

Dr. Ian Milne, M.R.C.P.(Eng.), Barrister-at-Law, H.M Coroner to the London District including Guy's Hospital, will lecture in his Court :—

The Coroner's Court,
opposite St. George's Church, Borough,
at 4.30 p.m., on 11th November, 1958, on
"THE DOCTOR AND THE CORONER"

All Senior Medical Students are invited.

STAFF SCIENCE CLUB

The first meeting of the present session will take place on Wednesday, 12th November, when Professor J. T. Randall, F.R.S., of King's College, will discuss "Fine structure and function in ciliate protozoa", illustrating the talk with slides and a ciné-film.

Newly appointed members of the Staffs will be very welcome at this meeting.

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on 7th November and subsequent days for the routine examination of the students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. It is hoped that all students will make every endeavour to attend promptly at the time asked, so that examination may proceed rapidly and efficiently.

ANATOMY DEPARTMENT LIBRARY

The following bound volumes have been missing from the Anatomy Department Library for a considerable time, and their immediate return would be appreciated :

Anatomical Record	Vol. 51	1931.
Anatomical Record	Vol. 121	1955.

DENTAL SOCIETY BALL

The Dental Society Ball this year will be held at the Savoy Hotel on Friday, 14th November. Mrs. F. S. Warner has kindly consented to receive the guests. The reception will be held from 8 o'clock until 8.30 p.m.

ERRATUM

In the caption to the Biennial Dinner photograph in the last issue of the *Gazette*, the name of Dr. L. K. Watson was inadvertently omitted; it should have appeared between those of Drs. Wilson and Taylor, We apologize for this omission.

MISS EVELYN NORTHFIELD

On Tuesday, 4th November, 1958, Miss Northfield retired. She joined the Administrative Staff at Guy's to work in the Superintendent's Stores in 1932. Sir Herbert Eason (then Mr. Eason) the Superintendent, said to her—"I am appointing you, Miss Northfield, because Miss Huggett likes your face". Those who knew Miss Huggett will realise that this really meant something.

Miss Evelyn Northfield worked in the Stores until 1942, when Mr. Beale (the Superintendent's Head Clerk) died, and at the request of the Superintendent she was asked to come up to the Superintendent's Office to take over the post of Chief Female Clerk. She kept the Office together during the remaining war years and when it was over and people began to drift back from their wartime jobs, she was there to help a newly appointed Head Clerk to the Superintendent (now Assistant to the Superintendent) to get things running normally again. That they ran smoothly with her help goes without saying.

When the Health Service came in, once more Miss Northfield proved herself invaluable in helping to put all the new rules and regulations into a workable pattern, at the same time keeping the traditions of the Superintendent's Office alive. Her selfless devotion to Guy's is one of her great characteristics and one that has benefited the Hospital not a little. One of her duties has been to guide the bereaved in the intricacies of death certificates, and to these duties she has added such understanding and kindly comfort that there must be many in the Borough (and further afield) who have reason to be grateful to her.

Her retirement promises to be active still. There are very young great-nephews and nieces who already realize she's something special in their lives and will continue to do so. We wish her every happiness for a long time.

Mr. F. J. Mackeridge comes to take Miss Northfield's place as Chief Clerk and Mr. Barber's deputy in the Superintendent's Office. He is well-known in Guy's, having been appointed in the Superintendent's Office under Mr. Beales' leadership in 1927. He was on war service (mostly in Italy) from 1942 until 1946, when he returned and went to the Reports Registry until now, when he comes home to the Superintendent's Office. We are glad to welcome him and wish very well.

CARCINOMA OF THE LARYNX AND LARYNGO-PHARYNX

By L. F. W. SALMON, *M.B.E.*, M.S., F.R.C.S.

A Clinical Lecture delivered at Guy's Hospital on 22nd July, 1957
(*concluded*)

8. INVESTIGATION

You will not expect me to give you a detailed description of endoscopy as applicable to these cases, but you will find it useful, I hope, if I point out the more important features. The techniques concerned comprise direct laryngoscopy and direct pharyngoscopy and entail the use of the different patterns of laryngoscope, the pharyngeal speculum or the œsophagoscope used as such. Today these examinations are almost always carried out with the patient under a general anæsthetic, and the skill of the anæthetist in maintaining the patient relaxed and pink during these procedures enormously simplifies the task of the laryngologist. The endoscopic technique makes it possible, not only to inspect the growth, but to assess its dimensions and the degree of fixation of infiltrated parts, and to take a specimen for microscopical examination.

I have said already that certain growths, particularly the epicœsophageal ones, but also very often those at the root of the epiglottis and in the pyriform fossa, cannot be seen in the laryngeal mirror. The passage of the endoscope out of the oropharynx into the larynx or through the pyriform-fossa and into the upper œsophagus, will open up the parts normally hidden and reveal the pathological state present. This makes it sound very easy, but there are certain difficulties. The growths are usually friable and vascular and are liable to bleed readily on contact with the instrument. The blood can be sucked away with a suction pump, but its presence may make the careful assessment of the points I have mentioned very difficult. In the case of the epicœsophageal carcinomas, it is more often than not impossible to pass the instrument through the infiltrated lumen into the normal œsophagus beyond in order to observe the vertical dimensions of the growth. It is surprisingly easy to overlook a small lesion, particularly at the root of the epiglottis or at the front of the pyriform-fossa.

Taking the biopsy specimen is something that calls for care and experience. In a large growth it is usually advisable to take the specimen from the edge of the lesion. The tissue at the centre is often necrotic and disorganized, and the pathologist may feel unable to give a positive view about its malignancy or otherwise.

If direct examination may fail to provide all the information we need, as in the epicœsophageal cases, what other means of investigation are available to help? I have not mentioned X-rays hitherto although very often, particularly where there is dysphagia, barium X-rays will have been ordered at the outset. It is most important not to consider a negative result from this investigation as absolutely excluding a growth. Remember, too, that even after positive X-rays, endoscopy will still be needed, for instance to provide the biopsy. I think there is no doubt that the proper place for X-rays in these cases is in assessing the dimension of the lesion, e.g., the extent of sub-glottic spread or of involvement of the cervical œsophagus; and for this purpose good soft tissue X-rays and tomographs are invaluable.

9. TREATMENT

In many fields, perhaps most, the treatment of cancer nowadays calls for the continuous co-operation of the surgeon and the radiotherapist. Certainly the treatment of the cases we are considering here demands careful planning by the laryngologist and the radiotherapist in close consultation.

Let us consider the treatment of the laryngeal cases first. There is no doubt that on the whole in this group there has been a move away from surgery towards radiotherapy in recent years. Until very recent times the early growths arising on the vocal cord were treated by laryngo-fissure. I mentioned the technique of this operation previously. The larynx is opened through a mid-line incision and the affected cord excised. It gave very good results with something like a 75 per cent cure rate, but it is now generally agreed that today there is no place for this thoroughly satisfactory operation. Recent figures show that with radiotherapy a somewhat higher percentage of cures can be achieved with, in most instances, a normal voice: a very important consideration.

Those categories of tumour in which radiotherapy offers good results as compared with surgery, and vice versa, have been carefully worked out; but it seems to me that, as a general rule, patients with carcinoma of the larynx should be given the chance of radiotherapy in the first instance. Sometimes, for example, as with subglottic carcinoma and growths at the back of the larynx, the radiotherapist will feel obliged to give a guarded prognosis; but provided there is regular examination after treatment, the failed case will quickly be discerned and surgical treatment can then be proceeded with. On the other hand, the patient may surprise everyone by remaining well after radiotherapy and then avoid a mutilating operation. I shall describe cases to illustrate this later on.

The correct operative procedure for carcinoma of the larynx, where radiotherapy has failed, is total laryngectomy. I called this a mutilating operation and to those of you who have not seen patients treated in this manner, it must sound a very dreadful thing to have to do. In practice it is a procedure which is cheerfully endured by most of its victims. They are condemned, of course, to breathe ever after through an end tracheostome low down in the front of the neck, but being males they are able to hide the stoma discreetly behind the shirt and tie. Great care must be taken to ensure that they understand that they will not be rendered speechless by the operation. Nearly every case after laryngectomy can be taught to develop so-called pharyngeal speech and some patients become remarkably adept at it. It must be admitted that others fall far short of the desired standard, but even the least successful are able to make themselves understood.

This gives me an opportunity to pay tribute to the great help we receive with these patients from the speech therapists. The tedious burden of this vital piece of rehabilitation falls entirely upon their willing shoulders.

The prognosis as to life from this combined approach is, as cancer prognosis goes, very good indeed and I think we can anticipate that it will improve further as still greater advances are made in the technique of radiotherapy.

The 70 to 80 per cent. five-year cure rate for growths confined to one vocal cord has already been quoted. Chevalier Jackson has claimed 69 per cent. of five-year survivals in his cases after laryngectomy. I have not been able to find a recent figure representing the overall cure rate in unselected cases including those where failed radiotherapy has been followed by surgery, but I believe it may prove to be well over 50 per cent.

In a series of 79 cases treated by Sir Victor Negus and reported on in 1947[5] there were 28 per cent. of cures, but a further 28 per cent. showed promise of reaching the five-year mark or had died short of it of some unrelated disease but without evidence of recurrence.

What has been said about the need for co-operation between the surgeon and the radiotherapist in carcinoma of the larynx, applies with even greater force when it comes to the treatment of the growths in the laryngo-pharynx. The problem here is a much more difficult one from several points of view. First of all the natural history of the majority of these growths is quite different from that of laryngeal carinoma. In the majority of the latter cases, those occurring on the true cord, progress is extremely slow and glandular metasasis, even when the growth has been present for many months, is rare, but in the pharyngeal lesions arising where lymphatics are plentiful progress is often rapid, and as we have seen, lymph gland involvement may be among the presenting signs. The second important factor is that many of the lesions arise on the pharyngeal aspect of what is in fact the party-wall between the pharynx and larynx, and attempts at surgical extirpation may involve removal of the larynx as well as a variable amount of the pharyngeal wall. I do not propose here to attempt an analysis of the choice of treatment for growths of different extent in the different localities, but the general considerations are these. The surgical excision of these growths usually implies a far more extensive operation than in the case of laryngeal cancer. If this type of operation is attempted on cases where irradiation has failed, the chances of post-irradiation necrosis in flaps and tissues largely cut off from their blood supply, is considerable. The present tendency, therefore, is to treat surgically those cases which are clinically operable and to reserve irradiation for the remainder in the hope of some measure of palliation. The surgical problem can be considered in four groups:

1. Those where removal of the tumour calls for no interference with the larynx, as for small growths on the posterior and lateral pharyngeal walls.
2. Those that involve removal of the larynx without any considerable part of the pharynx, such as certain of the epilaryngeal lesions.

3. Those growths, removal of which requires sacrifice of the larynx and a significant part of the pharyngeal wall, e.g., most cases of pyriform-fossa carcinoma.
4. The tumours which demand not only removal of the larynx but also sacrifice of a whole segment of the posterior pharyngeal wall and the upper part of the cervical œsophagus. Most of the epiœsophageal carcinomas fall into this group.

It is, of course, this last group that taxes the ingenuity and skill of the surgeon since ways and means must be found of closing the gap between the pharynx above and the œsophagus below.

There is no method devoid of disadvantages and every laryngologist has to face the bitter disappointment of proceeding so far along the road only to find signs of early recurrence.

The surgery of bridging the gap falls roughly into two groups. First, operations in several stages in which the gap is closed by pedicle skin flaps moved from the chest wall. Secondly, one-stage operations in which the neck is closed over a plastic tube uniting the pharynx and œsophagus and round which is applied a Thiersch graft to line the tunnel through the tissues which it occupies. The plastic tube is removed later.

To increase the magnitude of the operation, cases coming under any of these four headings may need either a unilateral or bilateral block dissection of the neck to deal with spread to the lymph nodes.

How does the chance of survival in these cases compare with that in the laryngeal group? It compares most unfavourably, and as in buccal carcinoma is worse the further away it is from the mouth.

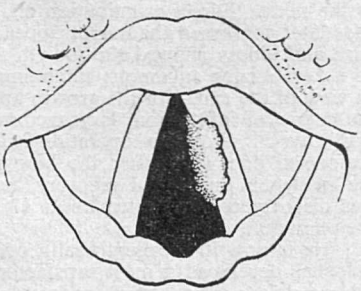
Dr. Lederman[4] reports 13 per cent. of five-year survivals in all types of case treated by radiotherapy. Mr. Owen[6] from Cardiff has achieved nearly 30 per cent. of cures in operable cases: but the chance of cure in unselected series treated by radiotherapy or surgery or both must fall well below 20 per cent.

10. CASES

The following cases histories are chosen to emphasize certain features of these diseases which I am hoping you will bear in mind.

Case 1: *Mr. R.P. aged* 42 was admitted to hospital on the medical side with a history of a cough for eight months and huskiness for six months tending to get worse. He was suspected of having carcinoma of the bronchus. I have no note of his smoking habits, but his cough had started when he inhaled the lighted butt of a cigarette. X-rays of the chest and bronchoscopy revealed no abnormality and I was asked for an explanation of his hoarseness. Examination with the laryngeal mirror revealed an appearance like that in Fig. 4.

Fig. 4



IMMOBILE LEFT CORD

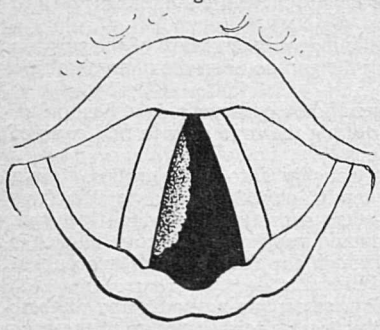
The left cord was quite immobile and showed an irregular granular looking fringe overlapping the edge. There was nothing abnormal to be felt in the neck. Direct laryngoscopy was performed a week later when the fringe was seen to be the edge of a malignant ulcer, situated largely beneath the cord, a subglottic growth. Biopsy revealed it to be a well differentiated squamous celled carcinoma. He was treated with teleradium, receiving a dose of 6,973 r. over a period of six weeks. He remained hoarse but otherwise well, though the cord remained immobile. Approximately one year after the completion of treatment a further fleshy mass was discerned below the left cord and he was readmitted. Biopsy showed this to be a recurrence of the original growth. There were still no glands to be felt in the neck. It was decided to recommend laryngectomy and this was performed a week later. He made an uneventful recovery and has been well for nearly two years. He has developed a fairly satisfactory pharyngeal voice.

The points to notice about this case are the fairly long history before reporting, during which hoarseness was the only significant symptom, the sub-glottic situation

of the growth with fixation of the vocal cord, and the satisfactory resort to surgery when it became clear a year after his teleradium treatment that this had not cured him.

Case 2: *Mr. W.D. aged* 63 was seen in Out Patients complaining of having been hoarse for ten months. Otherwise he was well. He had smoked 15 cigarettes a day all his adult life. Indirect laryngoscopy (Fig. 5) showed a fusiform fleshy tumour projecting from beneath the right vocal cord. The cord moved normally. There was nothing abnormal to be felt in the neck.

Fig. 5

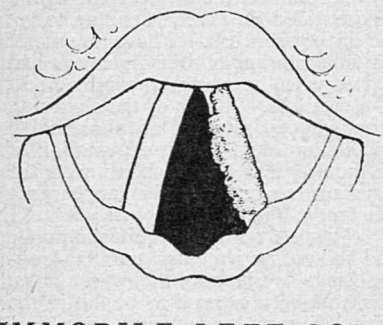


Direct laryngoscopy confirmed that the rather friable papilliferous lesion was arising from the under surface of the cord, another sub-glottic case. Biopsy revealed it to be a squamous carcinoma with slight focal keratinisation. Two weeks later he commenced a course of irradiation with teleradium and received a dose of 7,800 r. in 55 days. Within a short time his voice was normal and he has remained well with no sign of recurrence for nearly four years.

Superficially this case resembles the previous one fairly closely with these important exceptions. The cord was mobile, the patient was 20 years older and the growth rather less well differentiated. In any case it appears to have responded well to treatment. He attends every three months and a confirmed recurrence would be the signal for laryngectomy.

Case 3: *Mr. H.F. aged* 59 was seen at Out Patients complaining of a very husky voice for the previous four months. At one time it had improved somewhat on the potash tablets which his doctor had given him. In every other respect he was perfectly well.

Fig. 6



Examination with the laryngeal mirror (Fig. 6) showed the left half of the larynx to be fixed and the left vocal cord to be entirely replaced by a warty mass extending along its whole length. There were no abnormalities to be felt in the neck. Direct examination eight days later confirmed the mirror appearance and biopsy showed the growth to be a keratinizing squamous carcinoma. In view of the extent of the growth and the degree of infiltration, laryngectomy was advised and this operation was performed one week after the biopsy. He made an uneventful recovery and was discharged home three weeks after the operation.

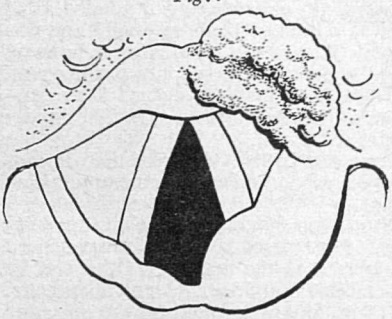
He is now in excellent health over four years later and with Mr. Willmore's help has developed a most satisfactory voice. He works as a hop factor and finds that he is able to make himself understood even on the telephone.

I include this case because I think if I saw him now I would have consulted with the radiotherapists and we might well have decided on a course of radiotherapy. I think there is a good chance that this would have failed to cure him so that he would have come to operation in any case, but one cannot be sure about this and I feel he should have had the chance to preserve his larynx.

Case 4: *Mr. P.N. aged* 59 was seen in Out Patients complaining of sore throat for six weeks. For four weeks he had noticed a change in the sound of his voice, a tendency for food to stick in his throat and the presence of some non-tender swellings on the left side of the neck. He had lost some weight but was otherwise reasonably well. He had smoked 15 cigarettes a day for many years, had been in what he called the hotel trade. He drank a fair amount of spirits.

With the laryngeal mirror the left side of the epiglottis was seen to be replaced by an irregular mass spreading into the vallecula fossa (Fig. 7). On palpating the neck a large, firm, fixed node was found below the angle of the jaw on the left side and two hard mobile glands lower down the neck. He was admitted to hospital the next day and the larynx inspected under an anæsthetic. The growth appeared to be centred on the left side of the epiglottis spreading into the vallecular fossa and the anterior end of the aryepiglottic fold. The remainder of this structure was enormously œdematous, the region of the vocal cords seemed normal and their mobility was normal. Several biopsies were taken and proved the growth to be a non-keratinizing squamous carcinoma.

Fig. 7



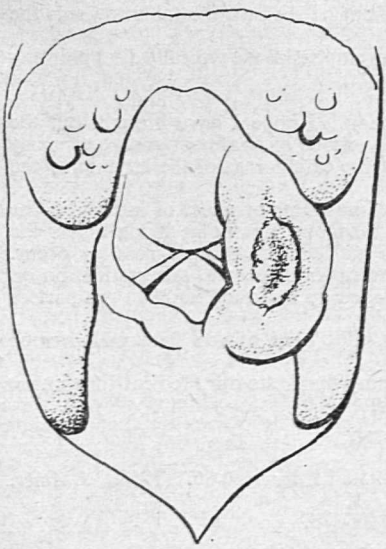
FIXED LYMPHATIC METASTASES ON LEFT SIDE OF NECK

It was decided to treat him with radiotherapy and he received a full course of high voltage deep X-rays. He was not seen by me again until 16 months later at which time he was free from symptoms and had put on 1st. 5 lbs. in weight. There were no abnormalities to be found in the neck and the region of the epiglottis and the vallecula fossa appeared quite normal on mirror examination. Three years after he first complained of his throat he was admitted to hospital with acute appendicitis, was operated on but collapsed suddenly and died. On post mortem he was found to have an unsuspected carcinoma of the head of the pancreas but there was no evidence of recurrence of the disease in the pharynx or neck.

When first seen this case was regarded as being inoperable because of the extent of the glandular involvement. However, nearly three years after a course of deep X-ray therapy there was no sign of the primary growth or of the metastatic glands. I include an account of this case to illustrate how well worthwhile it is to give even the most advanced cases the benefit of irradiation.

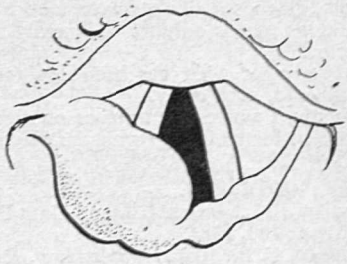
Case 5: *Mr. J.R. aged* 46 had been admitted to hospital on the medical side complaining of sore throat for three months, difficulty in swallowing solids for two months, voice changes for one month and a cough, from which he had suffered for years. He smoked 15 cigarettes a day and drank moderately.

On examination a deep fixed mass could be palpated at the level of the thyroid cartilage on the right side of the neck and I was asked to see him.



FIXED LYMPHATIC METASTASES

Fig. 8



RIGHT HALF OF LARYNX IMMOBILE

With a mirror the right aryepiglottic fold was seen to be grossly œdematous, hiding part of the right vocal cord and Jackson's sign was positive (Fig. 8). The cords were seen to move normally. Direct examination under a general anæsthetic the following day revealed a deep ulcer at the front of the right pyriform fossa and biopsy showed it to be a poorly differentiated squamous carcinoma. He was treated by the 12 gr. teleradium unit, receiving a dose of 5,149 r. over 49 days. At the end of this time the lymph nodes were still palpable and a good deal of swelling persisted in the aryepiglottic region. He lad lost 14 lb. in weight and was complaining of pain referred to the right ear. Within two months of completing his treatment his dysphagia was increasing, the pain was worse and the mass on the right side of the neck increasing in size. Within a few weeks glandular metastases were palpable on the left side of the neck. He began to go downhill rapidly and died 11 months after the onset of his first complaint.

I think this illustrates very well the reverse side of the coin from the previous case, that is where the growth shows no sign of responding to radiotherapy, which hardly seems to delay the inevitable outcome.

Case 6: *Mr. J.D. aged* 40 attended Out-Patients complaining of difficulty in swallowing solids of three weeks' duration. For several days he had experienced pain on the left side of the hypopharynx referred to the left ear. Otherwise he was very well. He was admitted eight days later and examined under an anæsthetic. An oval ulcer approximately $\frac{3}{4}$ in. wide by $1\frac{1}{4}$ in. long was found on the posterior pharyngeal wall extending down to the level of the junction with the œsophagus.

Biopsy showed it to be a well differentiated squamous carcinoma. Fourteen days later, after attention to septic teeth and X-ray depilation of the skin of the front of the neck, gastrostomy was performed and skin flaps marked out and incised. Twenty days after this the skin flaps were raised, the left half of the thyroid cartilage removed and the pharynx opened. The growth was excised down to the prevertebral fascia and the skin flaps turned in to make good the deficiency, leaving him with a lateral pharyngostome. A tracheostome was provided as a safety measure, though this was allowed to close 12 days later when he was breathing normally through his larynx. The following day the gastrostomy was closed and feeding was continued by tube through the pharyngostome. Three weeks later, after he had spent Christmas at home, he was readmitted and the pharyngostome closed. *Within ten days he was eating a normal diet.*

He remained well and at work for about a year, when he became hoarse, developed stridorous breathing and was readmitted. He was found to have a recurrence outside the reconstructed pharynx infiltrating the right half of the larynx.

It was decided to perform a laryngectomy and a block dissection of the right side of the neck. The operation was undertaken but he died on the table towards the end of it.

This was a gloomy failure but I recount it to emphasize the typically disappointing course run by so many of these difficult cases.

11. IN CONCLUSION

I do not intend to say much in conclusion. I hope I have brought out the differences in symptomatology, natural history, mode of treatment and particularly prognosis between these two groups of cases, the carcinomas of the larynx and the carcinomas of the laryngo-pharynx.

In the latter group, particularly, the best immediate prospect of improving the outlook lies in earlier diagnosis. An early diagnosis cannot be made unless the patient will report suspicious symptoms to his doctor as soon as they occur. However, diagnoses, like quarrels, take two to make them, and procrastination on the patient's part is only too frequently matched by the same fault on the part of the doctor.

I hope after what has been said today, that none of you here will ever be responsible for such delay.

Finally, I would like to place on record my thanks to our Medical Illustration Department for their help with the diagrams.

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TOOLS OF BIOLOGICAL RESEARCH

A Symposium held at Guy's Hospital on the 10th and 11th of October, 1958

In modern medical practice the clinician is using routinely many of the techniques and instruments developed by the research worker. The Symposium on "Tools of Biological Research" held at Guy's Hospital, on the 10th and 11th of October, provided a long-needed discussion of the limitations and potentialities of some of the techniques at present available to the research worker and clinician.

The introductory address was given by Sir Cyril Hinshelwood, President of The Royal Society, and he devoted much of his time to a discussion of the present degree of specialization required of the scientists. The increasing specialization of the individual, and of teams of research workers, he said, was essential to the development of knowledge, but brought with it problems in human relations which had to be faced and solved. It was necessary for the research worker to be familiar with many techniques and master of few; neglect of modern methods condemned a scientist to amateurism. He closed his address by describing the purpose of the Symposium as the provision of opportunity without the forcing of conformity.

Dr. Peter Armitage, of the Department of Medical Statistics at the School of Hygiene and Tropical Medicine, presented the first paper on "The Design of Experiments." Dr. Armitage did a great service to statisticians by clearing his paper of much of the symbolism and higher mathematics which can make his subject seem so artificial to the biologist. He dealt with the three Fisherian concepts of experimental design; randomisation, replication and local control, showing how these could be applied to clinical trials, especially those in which a large number of variables were being studied . He said that the role of the statistician was not to produce order from chaos, but that if he was consulted at all it should be in the phase of the design of the experiment. In the discussion that followed this paper Dr. Armitage was asked to comment on the view apparently held by some of the Editors of the Journals that a paper without any statistical analysis of results was of no value, and was, therefore, to be denied publication. Dr. Armitage said that where results were self-evident statistical analysis was unnecessary.

The next paper on the Friday morning was given by Dr. R. W. R. Baker on "Flame Photometry," with special reference to the instrument used in the department of Chemical Pathology at Guy's Hospital. This instrument is used in the routine estimation of serum sodium and provides a rapid reliable technique for clinical work, combined with the high degree of sensitivity required by the research worker. Dr. Baker's paper admirably demonstrated the necessity of practical knowledge of an instrument or technique for full appraisal of the information that it makes available.

Dr. J. B. Shillingford, of the Hammersmith Hospital and Postgraduate Medical School, presented a paper on "Electromanometry", dealing especially with its application to cardiac catheterization. Within the limits of frequency response imposed by the dynamics of the manometer and the fluid system of the catheter, Dr. Shillingford described a method of calculation of the area of a competent valve in terms of the peak velocities across the valve. It was not possible at present, he said, to make any assessment of regurgitant flow.

After lunch Dr. Honor B. Fell presented a paper on "Tissue Culture". She began by outlining the history of the technique of growing living cells in vitro, from Harrison's pioneer studies of the growth of amphibian spinal cord in a pool of lymph, to modern mass culture techniques. She then discussed separately the two main branches of tissue culture, *i.e.*, organ culture, and the growth of single strains of cells. Dealing with Clone cultures in which all the cells have been produced from one original cell, Dr. Fell said that the development of abnormal mitotic figures was a feature of such cultures and that occasionally malignant neoplasms could be produced by inoculation of experimental animals with such cells. She then discussed the growth of tissue in a histologically differentiated state, and described an interesting technique now in use at the Strangeways laboratories at Cambridge. Pieces of tissue such as skin or vaginal epithelium are grown on small pieces of silicone treated rayon, this allowing for their easy transfer to new nutrient media, where they can be left *in situ* during fixation to be dissolved out in acetone following dehydration. Organ culture permits the study of self-differentiation in vitro, as well as the study of the effects of hormones, vitamins, and carcinogens on histological units.

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In the discussion which followed, Dr. Fell said that she could see nothing to prevent the large scale culturing of endocrine tissue with the aim of producing reasonable quantities of hormones for research and therapeutic use; all that was necessary was for someone to solve the practical difficulties.

Dr. Brent, of the Department of Zoology, University College, followed Dr. Fell with a paper on "Tissue Transplantation". Dr. Brent produced a murmur of approval from his audience, a fair proportion of whom were surgeons, as he described the technique of the injection of a suspension of homogeneous spleen cells into a branch of the facial vein of a new-born mouse. The immunological tolerance so produced allowed homogeneous skin grafts to take, and become, apparently, fully established. He also described the reaction which could be produced by any immunologically competent cells present in the homograft, causing gross disturbance of the lymphoid tissue and eventual death of the grafted animal. Rejection of the homograft after long periods of time could be produced by the injection of immunologically active cells from animals of the same strain as the animal in which the tolerance had been produced. He said that in the case of skin the immune reaction was dependent in the main upon the cells of the recipient. This cellular concept of the immune reaction was also supported by the evidence obtained from the implantation of tissues inside porous chambers within the peritoneal cavities of animals. If the size of the pores was such that the host cells were excluded the tissue would survive, whereas the entry of cells from the peritoneal fluid into the chamber resulted in the destruction of the tissue. He closed by pointing out that the main techniques in this branch of the study of immunity were those of the plastic surgeon; not surely the only instance in which clinical methods have been used by the biologist.

Saturday morning brought a lively opening paper on "Electrophoresis", presented by Professor Martin, the Director of the Department of Chemical Pathology at St. Georges'. "Moving boundary electrophoresis," he said, "was fathered by a German, born of a Russian, and presented to the world by a Swedish accoucheur, Tselius." He warned the audience that the exact natures of the fractions produced were still unknown, and it was difficult to correlate these with physiological or pathological entities in the body. He demonstrated this by showing the differences which could be obtained by staining identically treated paper electrophoretograms with different chemically pure dyes. He also demonstrated the sensivity of the technique by showing different electrophoretic patterns produced by the same dye manufactured by different firms; the samples being chemically indistinguishable. Chemically pure bromphenol blue could be split into two components each of which could be further split. This certainly means that the effect of slight changes in body chemistry on the ionatmosphere of such complex molecules as proteins was not at present calculable in terms of electrophoresis.

Dr. Robertson, "hailing from the hills of Alabama", and the Massachusetts Institute of Technology, and now working at University College, described the development and modern applications of the Electron Microscope. He discussed the development of the instrument in Germany in the late 20's and early 30's, and said that the present instruments no longer required a physicist to operate them; with servicing left in the hands of the manufacturers, routine use was possible. He put the present working limit of resolution of the instrument at about 3.5A°, but the development of an instrument with a higher resolution of 1A° or less, he said, would give the biologist better tools to use in the 10-20A° range, in which he was most interested. Dr. Robertson went on to describe the modern concept of the cell membrane, to which the electron microscope had contributed so much. He mentioned the work of Geren, who has shown that the lamellæ of the myelin sheath are made up of double thickness Schwann cell membranes, each cell membrane consisting of two lipoid layers with a filling of protein. In the discussion Dr. Robertson was asked of the possible results of the application of the electron microscope to Pathology. In reply he said that he had himself begun work as a pathologist but had found the task too great; the present concepts of pathology and the findings of electron microscopy were too far apart for satisfactory comparison.

A paper on "Image Intensification" was next presented by Dr. B. Combee, from the X-ray laboratory of Messrs. N. V. Phillips in Eindhoven. Dr. Combee read his paper in excellent English, and ended with a film on the use of the Image Intensifier in the operating theatre during a cholecystectomy. He listed the advantages of the Intensifier as being the reduction in X-ray dosage to the patient; an increased ease of operation, in that the instrument could be used in daylight;

and the possibilities for X-ray cinematography without dangerously increasing the dose to the patient. He showed pictures of a machine set up in conjunction with a closed-circuit television camera and projector, which enabled the radiologist and the clinician to view the results simultaneously, safely shielded from any radiological hazard. During the discussion he agreed that the field of 5 in. diameter which was available to the machine was limited, but said that other more expensive instruments were available with fields of 9 in. and 12 in. diameter.

After lunch Dr. Barer of the Anatomy department at Oxford, presented his paper on the "Weighing of Cells with the Microscope", with a discussion of the principles and applications of the Interference and Phase-contrast microscopes. Having begun with a masterly elucidation of the principles of the two instruments he went on to deal with their use in the measurement of the refractive indices of single cells. A cell is suspended in albumin solutions of graded concentration and, since the Interference microscope makes visible regions at which refraction is taking place, a measure of the refractive index of the cell can be obtained and hence the concentration of its contents and its dry mass. He described the application of this technique by his colleagues to Hæmatology. The response of anæmic animals to the administration of iron, and of patients with Pernicious Anæmia to Vitamin B_{12} had been demonstrated by this technique in terms of histograms showing the hæmoglobin content of the red cell population.

The last paper of the symposium was presented by Dr. P. Hugh-Jones, of the Hammersmith Hospital, on "Mass Spectrometry." This technique allows immediate and simultaneous analysis of a number of gases of different molecular weights. Knowledge of the function of the lung was lagging behind that of the kidney and liver because of the present cumbersome and laborious methods of gas sampling and analysis. The nitrogen meter as applied by Comroe to respiratory physiology was the only method of instantaneous recording of respiratory gas at present in wide use. The Mass spectrograph, however, should open up enormous fields to the physiologist and clinician. At present the instrument's range included gases with molecular weights between 17 and 80, and the delay in gas sampling was of the order of 1/10 sec. Gas could be sampled at the lips or from the individual segments of the lung during bronchoscopy. Such a technique would allow accurate assessment of respiratory function in different segments of the lung. For the physiologist the days of the Douglas bag and the Haldane gas analysis machine are numbered, and the chest physician and surgeon should soon have available a relatively simple tool for the assessment of lung function.

Mr. Atkins in his organization and chairmanship of the symposium greatly contributed to its undoubted success, and we can look forward to its publication in full in the near future.

G.P.

CORRESPONDENCE

Letters to the Editor of the Gazette

Clubs' Union Grand Ball

SIR,—We should like to announce, through the courtesy of your columns, that the Grand Ball will be held on 30th January, 1959, at the Royal Festival Hall. Like last year the Ball will be held from 11.0 p.m. till 5.0 a.m., and Dancing will be to the Bill Savill Orchestra.

Because this Ball was such a success last year we have been able to reduce the price of double tickets to £2 15*s.* 0*d.* (Buffet and Breakfast included).

We are sure that nurses, physiotherapists, radiographers, and students will all want to come to the Ball this year and as tickets are limited we hope that you will arrange your parties and get your tickets early.

Yours etc.,

C. J. ROWLAND,

M. V. SMITH,

Hon. Ball Secretaries.

Guy's Hospital Clubs' Union,
Guy's Hospital, S.E.1.

Guy's Science Club

SIR,—May I ask the hospitality of your pages to issue a warm invitation to all members of the Teaching and Research Staffs of the Hospital and the Schools to attend the meetings of the Guy's Science Club during the coming session ? Meetings are usually held on the first Wednesday in each month during Term at 4.45 p.m. in the Staff Common Room, by kind permission of the Dean. Tea is served before each meeting at 4.30 p.m. Notices of speakers and subjects are published in the Guy's Diary and on notice boards in the Hospital and Medical School.

Yours etc.,

R. W. R. BAKER.

Honorary Secretary, Guy's Science Club.

Department of Chemical Pathology,
Guy's Hospital Medical School, S.E.1.

Fencing Gala

SIR,—I would like to draw the attention of your readers to the Gala being held in the Physiology Theatre, at 7.30 p.m. on Friday, 21st November. This Gala will feature some of Europe's most eminent fencers, led by Mr. C. L. de Beaumont, President of the Amateur Fencing Association.

There will be lectures and demonstrations in the uses and abuses of all fencing weapons from the 2-handed swords of yesteryear to the modern foil techniques. There will also be matches between members of the various teams.

The evening will terminate with a match between Guy's and the University of London.

I may add that we are very proud to be able to hold a gala that is considered one of the most important fencing events of the year, and look forward to a large attendance.

Yours etc.,

HAROLD PREISKEL,

Hon. Secretary, Fencing Club.

16, St. Thomas's Street,
London, S.E.1.

We are very sorry that some letters have had to be left out for lack of space — EDITOR.

SPORT

RUGBY FOOTBALL

Guy's v. Bedford

At Bedford 18th October, 1958

Result—Lost 32-3

Guy's first XV travelled down to Bedford once again under the handicap of having to play a number of second team players, due to injuries. Hawley had to withdraw at the last minute because of an infection in his mouth. Patterson had not recovered from a thigh injury which he sustained in the match against Cambridge and Robertson who replaced him was playing with an injured shoulder.

Bedford won the toss and chose to use the advantage of a sloping field and a following wind. Very soon they moved into the Guy's 25 and after 8 minutes play Webb crashed through from a line-out for Bedford's first try. Guy's were quickly on the attack after the kick in, with the forwards doing particularly well against a considerably heavier pack. When the Bedford hooker was penalised for foot-up, Pagliero equalised with a good kick from 35 yards.

The Bedford backs were handling badly at times and the Guy's wing forwards were quick to take advantage. However the home backs soon settled down and it was not long before Webb scored an identical try to his first which Rowlands converted. There was no further scoring for some time and the Guy's forwards can be credited with some fine play. Blackwell and Harris in particular were doing well in the line-outs.

In the thirtieth minute Goodwin, the Bedford fly-half, broke through and passed to wing forward Rogers who scored near the posts. Rowlands made no mistake with the conversion.

Two penalties within striking distance brought the half-time score up to 19-3.

The second-half was characterised by the really dour defence of the whole Guy's team. Myall the young newcomer to the side kept a cool head at full-back and saved on a number of occasions. The result was that Bedford scored their first points in the second half with only 8

minutes of play left. Rowlands converted. This was followed by another goal from the kick-off after the whole of the Bedford pack had handled the ball. With only a few minutes minutes play left Sanders was off-side and Rowlands kicked an easy penalty, to make the score 32-3. When the final whistle blew Guy's were defending gallantly.

To sum up the game. Bedford have an extremely heavy and powerful pack with a mobile back row. This can be the deciding factor in many a game. Guy's on the other hand were disorganised and handicapped by injuries, which made Bedford look even better than they were. One thing is certain and that is, we need not lose heart by the big score.

Team: R. Myall; R. J. O. Smith, M. Sanders, K. M. Pagliero, P. Jackson; G. Edwards, J. Eustace; A. C. Knight, K. Robertson, I. Creed, B. Blackwell, P. Harris, D. Bryant, A. Lloyd-Edwards, I. Baker.

Guy's v. Cheltenham

At H.O.P. 25th October, 1958

Result Lost 9-6

Had Guy's possessed a kicker capable of converting several penalties awarded to them, they must surely have won this game handsomely. As it was they lost narrowly to Cheltenham after having been markedly superior for most of the game, especially in the second half.

For the first time this season the Guy's backs were really threatening in attack, and another admirable display by the pack ensured that they had plenty of the ball from line-outs and loose. Patterson hooked extremely well to give Guy's the advantage from the set scrums also.

Cheltenham scored all their points in the first half-hour of the game, and after that were concerned mainly with keeping Guy's out, and somehow they succeeded in holding their lead until the end. Guy's kicked off, and for ten minutes or so both sides saw plenty of the ball, and we enjoyed some strong running by the two sets of three-quarters.

Cheltenham took the lead when Walter kicked a penalty awarded in front of the posts about thirty yards out. Guy's came back strongly and Hawley made a half break before handing on to Baker, who when challenged by the full back passed inside to a mass of forwards. Unfortunately a knock-on resulted to spoil this promising move. Play came back into the Guy's half, and Cheltenham were awarded another penalty for a scrummage offence. A short kick was taken, but Guy's had not retreated far enough and the referee ordered the kick to be retaken 10 yards further on. This time the ball was placed and the kick at goal was successful.

Shortly afterwards Cheltenham increased their lead. A penalty by Guy's had been hooked and the ball mirrored by Cheltenham. From the drop-out the ball was kicked far upfield. It was gathered on the half-way line near touch, and Guy's tried to initiate a handling movement. However, a Cheltenham forward had followed up very quickly, made an interception, and ran half the length of the field to score wide out. The kick failed.

Guy's now began to press hard, and Bryant went over in the corner only to be brought back for a forward pass. In the resultant scrum Guy's were awarded a penalty, and Myall kicked a good goal from wide out on the 25. This ended the scoring in the first-half.

Half-time score: Guy's 3, Cheltenham 9.

Throughout the second half Guy's attacked time and time again, but only secceeded in crossing the Cheltenham line once. On the few occasions that the Cheltenham line got moving, it was met with some first-class tackling and never looked dangerous.

Guy's try followed an extremely good movement by Knight and Leyshon when they dribbled the ball practically the whole length of the field. Leyshon got to the ball over the Cheltenham line, but was unable to get a clear-cut touch down. After two or three players from each side had found themselves in much the same difficulty, the referee awarded a scrum 5 yards out. Patterson heeled quickly and the ball went out to Hawley who jinked over for a very good try.

This completed the scoring and so Cheltenham emerged victors of a most enjoyable game. Guy's were obviously greatly strengthened by the return of their captain and several other injured players. These, and the newcomers, all gave a very good account of themselves, and the selectors must surely feel easier in their minds than they have done for many weeks.

Team: R. W. T. Myall; J. Leyshon, R. T. Hawley, C. J. Wright, J. D. Bryant; N. F. Boyd, J. R. D. Nicholas; R. May, W. N. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, P. R. A. Lloyd-Edwards, A. P. Buirski (capt.), I. A. Baker.

Guy's v. Old Blues

At H.O.P. 1st November, 1958

Result—Drawn 6-6

Guy's maintained their recent improvement, and although not playing quite as well as they did last week against Cheltenham, gave a good account of themselves against Old Blues.

Throughout the game Guy's had a slight edge over Old Blues, but lacked penetration against a very good defence. Once again the pack ran the ball from the majority of scrums and line-outs so the three-quarters had plenty of opportunities. Nicholas and Boyd combined well together at half-back, and the latter plied his centres with a succession of long, fast passes.

Guy's were in the lead till almost the end, when Old Blues struck back with an unexpected drop goal, and after this almost snatched victory with a series of determined raids on the Guy's line in the last few minutes of the game.

The ground was soft underfoot when Guy's kicked off with what little wind there was behind them. Both sides made exploratory raids in the opening minutes, and it soon became apparent that Delight was the danger man for Old Blues. Guy's scored first from a movement starting on the half-way line. Lloyd-Edwards gathered a kick ahead near the left touch line. He stumbled and fell, but recovering quickly made a lot of ground across field and parted with the ball on the Old Blues' twenty-five, Leyshon gathered the ball and made a short kick ahead. The ball was picked up and passed back inside to Buirski who threw out a very long pass to Parker on the left wing, who crossed wide out for a very good try. Pagliero was just wide with the kick at goal.

Guy's lead was short-lived, however, for almost immediately after the try, Old Blues scored from a penalty awarded for a scrummage offence. Both sides now indulged in some lively moments, but the defences seemed to have the situation under control. There was no more scoring until just before half-time when Pagliero put Guy's ahead with a 35 yard penalty taken in front of the posts.

Half-time score: Guy's 6, Old Blues 3.

The second half produced a rather higher standard of rugby from both sides, but still nothing conclusive developed. Guy's seemed to be set for victory, when suddenly Old Blues snatched a quick score that put them right back into the game. This was about five minutes before the end. Guy's were penalised on the half-way line, and before they had quite positioned themselves, Old Blues had taken a short penalty. Delight picked up, ran a few yards, and dropped a very good goal from fully forty-five yards.

This seemed to inspire his side, for they attacked the Guy's line with renewed vigour until the final whistle, and several times went very

close to scoring. At the final whistle, the immediate impression was that Guy's had been slightly unlucky to be held to a draw, but in retrospect this was a fair result.

Final score: Guy's 6, Old Blues 6.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, C. J. Wright, R. J. Parker; N. E. Boyd, J. R. D. Nicholas; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. R. Harris, D. R. A. Lloyd-Edwards, A. P. Buirski, J. D. Bryant.

RUGBY RESULTS

October 11th.

Ex. "A" v. Old Westcliffians	Lost 9-16
Wanderers v. East Grinstead	*Cancelled*
B. v. Old Westcliffians Ex. "A"	Won 6-3
Ex. "B" v. Streatham Colts "B"	Won 12-6

October 18th

Ex. "A" v. London Hospital Ex. "A"	Lost 17-19
Wanderers v. Ealing Ex. "A"	Won 10-5
"B" v. London Hospital "B"	Won 29-3
Ex. "B" v. Old Surbitonians "B"	Won 16-0

October 25th.

Ex. "A" v. Brentwood	Lost 0-11
Wanderers v. Beckenham Ex. "A"	Lost 6-24
"B" v. London Scottish "B"	Lost 3-11
Ex. "B" v. St. Mary's 'Gentlemen'	Won 34-3

HOCKEY

Guy's v. South Saxons

At H.O.P. 11th October, 1958

Result—Won 4-2

On the opening date of the season Guy's fielded three elevens all of which won their matches.

The club has started with a membership of sixty-five. We are running four elevens and hope to retain a consistent turn-out for each eleven during the season. Emphasis is on training especially in the 1st and 2nd elevens and we should like to see as many as possible at H.O.P. on Wednesday afternoons.

Guy's v. Romford

At H.O.P. 18th October, 1958

Result—Won 2-0

1st XI Team: A. Daryabegui-Guilani: R. Lallemand (capt.), M. Woodman; J. Sedgwick, M. Conybeare, M. Rake; D. Bevan-Thomas, R. Strickland, P. Liddiard, M. Blake, A. Mackenzie.

The 2nd XI won their match against Romford 5-0.

Guy's v. St. Catharine's College, Cambridge

At H.O.P. 25th October, 1958

Result—Lost 2-3

Guy's 1st XI v. Westminster Hospital

At H.O.P. 29th October, 1958

Result Won 6-2

Some progress was made in this game towards settling the forwards down together although penetration and finishing power are still somewhat lacking, due to poor passing. The standard of all round fitness is still low, and the score is flattering.

TABLE TENNIS CLUB

After a very long interval, Guy's sent a Ladies' table tennis team to meet a team from the National Training College of Domestic Subjects.

The Guy's team proved the stronger side. Mr. Theo Francis made up our team, and gallantly allowed his lady opponents to play their best.

Results :—

T. Francis, Won 2, Lost 1.

Miss A. J. Wiseman (Capt.), Won 3, Lost 0.

Miss L. J. Stevenson, Won 3, Lost 0.

MOTORING CLUB

CHESSINGTON RALLY

The Motoring Club will be holding its second event of the season on Saturday, 29th November. The start will be from the Hospital Car Park at 5.15 p.m. and the finish will be near Chessington. The distance covered will be 50 miles approximately. Apart from the usual Rally equipment, suitable geometry kit (protractor, set square, etc.), should be carried.

Entries of 5*s.* per car should be sent to the Secretary, c/o The Front Lodge, not later than Wednesday, 26th November.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees
September, 1958

M. M. Ilahi — P. J. Nicklin
N. J. Knight

CONJOINT BOARD

D. Phys. Med.
G. Holden

D.C.H.
Hilary Allin — M. K. Strelling

L.R.C.P. M.R.C.S.
Final Examination
October 1958

Pathology

M. A. M. Bailey	R. G. Notley
B. A. O. Binns	D. J. Openshaw
M. R. Boundy	*P. G. Parry
J. C. Bull	D. K. Payler
H. Dexter	P. E. Pearce
Louise Gallagher	W. B. Pearce
A. E. Green	M. D. Robson
R. B. Huddy	M. I. Reeve
W. F. Jaworski	J. W. Rollins
Ann P. John	M. D. Sanders
B. N. C. Kempton	J. G. Sekabunga
R. L. King	D. J. Smith
Jean M. Kubale	A. W. Sollum
*M. I. Leckie	June M. Squire
O. C. Legg	T. C. Taylor
C. M. Maddox	A. F. Tredre
R. W. May	Winifred M. M. Tully
H. J. Missen	A. Vejjajiva
T. G. Nash	J. Wolfle

Midwifery

*D. R. Edbrooke	R. Marsh
A. Gooding	T. G. Nash
J. H. Hackwood	M. D. Sanders
W. F. Jaworski	T. C. Taylor
Jean M. Kubale	J. A. Wall
O. C. Legg	P. T. Whitehead

Surgery

*J. G Allardice	*M. I. Leckie
*M. F. H. Bush	*J. P. Lee-Potter
*J. S. Cameron	*L. A. Lees
*L. Cook	*R. Marks
*D. R. Edbrooke	J. F. Steele-Perkins
*R. T. Hawley	S. A. Vanar
W. Holms	*S. O. Wamuo
*A. Kenyon	*M. P. Wilderspin
*M. J. S. Langman	

Medicine

*J. G. Allardice	*B. W. Maitland
J. C. Bull	H. J. Missen
H. Dexter	R. G. Notley
Louise Gallagher	D. K. Payler
A. E. Green	P. E. Pearce
C. E. Harley	W. B. Pearce
J. G. Holmes-Smith	M. I. Reeve
R. B. Huddy	J. W. Rollins
B. N. C. Kempton	D. J. Smith
R. L. King	June M. Squire
Jean M. Kubale	T. C. Taylor
J. J. Maher	J. Wolfle

*Have completed the examination.

GUY'S HOSPITAL DENTAL SCHOOL

Prize Examinations

1957

The following awards have been made :—

Second Year Prize

Graham, A.
Green, Miss H. P. E.
Scotrick, Miss P. F.
West, B. J.
} bracketed equal

1958

Second Year Prize

First Prize — Thomas, Miss A. R.
Second Prize — divided between :
Mead, P. W. and
Richardson, R. I.

Final Year Prize

No award

Prize in General Subjects

First Year — Roberts, D. S.
Second Prize — No award

Prize in Children's Dentistry including Orthodontics

First Prize — Banks, P.
Second Prize — Crimp, G. S.

Newland-Pedley Medal and Prize for Operative Dentistry

Medal and Prize — Banks, P.
Certificates — Longson, G. J.
Stuart, I. A.

David Frank Sturdee Third Year Prize

First Prize —Shaw, Miss P. E.
Second Prize — divided between :
Matthews, B.
Pullan, J. D.

The Malleson Prize for Dental Students' Research Prize — McCormack, J. M.

NURSING NEWS

Entered:
S/M M. Snow, on 27th October to *Nuffield D*

Left :
S/N A. Quick, on 19th October, *Nuffield A.*
S/N A. Dodman, on 25th October, *New Cross Theatres.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

DANCE BAND FOR HIRE—Apply, R. Tomalin, Guy's Hospital, S.E.1.

Required

OBSTETRIC INSTRUMENTS. Guy's Doctor, entering general practice wishes to buy bag, also obstetric and other instruments. Box 150.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.*, each. Coat of Arms 5/6*d.*, Personal collection only. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Mrs. A. W. English (née Elizabeth A. King-Turner, L.D.S.R.C.S.), 41, Kenwood Drive, Beckenham, Kent.

Joy Purser, M.B., B.S., D.Obst.R.C.O.G., The Group Hospital, Hargeisa, Somaliland Protectorate.

J. H. Wildman, M.R.C.S., D.P.H., M.O.H., Borough of Dartmouth, Paignton and Brixham' 3, The Drive, Upton Manor, Brixham. (Tel. Brixham 3113) Private Address.

BIRTHS

GOTHILL.—On 17th September, 1958, at Queen Charlotte's Hospital to Kate, wife of Ralph Gothill, M.B., B.S., a son (Matthew Lee).

WARREN.—On 6th September, 1958, to Joan (née Peacock), S.R.N., wife of Michael D. Warren, M.D., D.P.H., D.I.H., a daughter (Penelope Sarah Lavina), a sister for David and Dorothy.

MARRIAGES

ENGLISH—KING-TURNER.—on 6th September, 1958, at the Brompton Oratory—Arthur William English, M.A., A.M.I.C.E., to Elizabeth Ann King-Turner, L.D.S.R.C.S.

IRELAND—BAGNALL-OAKELEY.—On 1st November, 1958, at St. Michael's Church, Mere, Wilts, Edward Anthony Ireland, the Worcestershire Regiment to June Deardrie Bagnall-Oakeley S.R.N.

EDS. J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1835 *22nd November* 1958 *One Shilling*

PASSIM

EVERY year there is a series of major or minor events which remind us vividly of the fleet passage of time. Last winter, as the site of New Guy's House became daily a bigger and better hole, the notion of the massive completed frame was difficult to grasp. Mr. Lees Read introduced the notion in the *Gazette* last September, and described the progress of its realization in a further article in May. In this issue he brings the story of the building up to date, when the long, gaunt frame lies alongside Guy's as the largest and newest of the family of buildings. With the roof in place and the brick-work spreading rapidly upward, we can now accustom ourselves to the shape that will be as much "Guy's" to future Guy's men and women as has the *jolie-laide* of Hunt's House for a hundred years and the elegance of Guy's House for two hundred. The newcomer has arrived so quickly that it is easy to accept that "it just growed", but another two years will fly just as quickly, and there is activity in all departments to ensure that the physiology as well as the anatomy of the big new baby shall be not merely satisfactory but as good as forethought and care can make it. We look forward to the first stirrings of the still inert form beyond Great Maze Pond with enthusiasm.

Parliament agreed earlier this year that a pilot survey should be carried out by a firm of time and motion study experts, to find how the energies and skills of nursing staff can best be used, and whether specific faults exist in the present hospital services which particularly tend to dissipate and waste these skills. Guy's was chosen as the teaching hospital for the pilot survey, and the Sisters and nurses of *Mary* and *Lydia* have been joined recently by observant gentlemen with sheafs of paper. If a full-scale survey is made, as seems likely, the recommendations made will be sweeping, but will reflect only upon the inevitable duplication of effort in a system built by trial and error over the years; the intention is to apply materials to the best advantage of skilled people and does not carry, as some have said, an implied criticism of their skills. We hope that New Guy's House may also benefit from the experience which can be brought to bear by these experts with the unwieldy name but simple aim.

We offer our best wishes and congratulations to Dr. E. J. K. Penikett, Senior Lecturer in the Department of Bacteriology, who is leaving soon to become Associate Professor of Bacteriology in the University of Alberta at Edmonton, Alberta.

Richard Bright died one hundred years ago on 16th December. The occasion will be marked by a Memorial Lecture by Professor M. L. Rosenheim, Director of the Medical Unit at University College Hospital, and by a Combined Round, both on December 1st. There will be a Bright Centenary Number of the *Guy's Hospital Reports*, and the December issues of the *Gazette* will also be devoted to the centenary of the death of this most illustrious of Guy's men.

A cable is being thrown round the precincts of the Hospital for the "Multitone" radio contact system. We understand that the system will be introduced gradually from the end of this year.

While several senior students are spending a week with general practitioners, we are encouraged by a letter from Dr. John Fry to suggest once again that general practice be brought to clinical students in a less "second-best" light. A concrete suggestion is a brains trust of experienced practitioners who could discuss and compare their opinions for the benefit of an audience of students, who might conceivably even appear for a Sunday session! The Medical Practitioners Union have shown that enthusiastic men and women abound who would cheerfully appear in this way on their leisure day at the weekend.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Pott's Disease.*
22nd	S	10.00	Clinical Theatre. Clinico-Pathological Meeting. Guest: Sir Gordon Gordon-Taylor.
			Rugby. 1st XV *v.* Aberavon. (Aberavon.)
24th	M	1.00	Mr. C. H. Kinder. Clinical Lecture. *Carcinoma of the Prostate.*
25th	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Hirsutism.*
26th	W		Rugby. 1st XV *v.* London University (H.O.P.).
27th	Th	1.00	Dr. Jean Morton. Clinical Lecture. *Syphilis and Pregnancy.*
29th	S		Rugby. 1st XV *v.* Old Whitgiftians (H.O.P.).
DECEMBER			Exhibition. Department of Surgery. *Bone Tumours.*
1st	M	1.00	Mr. R. O. Holland. Dental Clinical Lecture. *The Tongue.*
		2.15	Combined Round on *Bright's Disease.*
		5.00	The Bright Memorial Lecture. Professor M. L. Rosenheim. *The Syndromes of Bright's Disease.*
2nd	T	1.00	Mr. G. Blackburn. Clinical Lecture.
5th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture.
6th	S		Rugby. 1st XV *v.* Coventry. (Coventry.)

CHRISTMAS CARDS

Guy's Christmas Cards are available in the *Gazette* Office, 16, St. Thomas's Street, prices 2/6 to 7/6 per dozen. Postage and packing 1/- extra per dozen.

GAZETTE SUBSCRIPTIONS

Subscribers are reminded that the annual subscription to the *Gazette* is 12/6 per annum, post free, and the Manager would be grateful if those who have not already done so would send a remittance before the end of the year.

NOTICES

THE RICHARD BRIGHT CENTENARY

The Richard Bright Centenary will be commemorated on Monday, 1st December, 1958. The programme is as follows:—

2.15 p.m. Combined Round on "Bright's Disease".

5.00 p.m. Lecture by Professor M. L. Rosenheim on "The Syndromes of Bright's Disease".

A demonstration of historic specimens and writings relating to Bright's work will be on display in the Gordon Museum during the day.

A limited number of tickets of admission are available on application to the Dean, Guy's Hospital Medical School.

POLIOMYELITIS VACCINATION

The Ministry of Health has directed that vaccination against Poliomyelitis should be offered to all Hospital staff in contact with patients. Any member of the Medical or Dental staff in contact with patients who wishes to be vaccinated against Poliomyelitis, and has not given in his or her name to the Superintendent's Office should do so as soon as possible. Administrative, Clerical and Ancillary staff in contact with patients can now also be vaccinated if they wish. They should give in their names to the Superintendent's Office, and the necessary arrangements will be made through the Staff Health Service. Any member of the staff seeking vaccination who is under 21 years of age, should bring a written consent from parent or guardian when his or her name is entered on the list.

It should be noted that the vaccine issued by the Ministry of Health is "SALK" vaccine imported from America. It has not been tested for safety in England, but is regarded as safe in America.

JOHN KEATS

On 31st October, the anniversary of the birth of John Keats, the Keats-Shelley Memorial Association held a meeting in University College. Lord Tennyson took the Chair and the Memorial Lecture on 'The Humour of John Keats' was given by Mr. Robert Gittings, the author of 'The Living Year' and of 'The Mask of John Keats'. A vote of thanks to the Chairman and Lecturer was proposed by Mr. Doubleday, as a representative of Guy's Hospital.

MUSIC CLUB

The Music Club will hold a concert of Christmas Music at 7.30 p.m. on Friday, 5th December, in the Chapel.

GUY'S HOSPITAL SOCIETY, BOURNEMOUTH & WESSEX

The Third Annual Dinner of the above society was held at the Norfolk Hotel, Bournemouth, on Friday, 31st October, 1958. There were then present twenty-seven members.

A most successful and enthusiastic evening was enjoyed by all; including the presence of two new lady members, Dr. Jean Sandison and Mrs. A. Chant, whose attendance was most welcome.

At the Annual General Meeting the following members were elected to serve for the following year.

Chairman : Dr. A. W. Cook.
Vice-Chairman : Mr. H. V. Vogt.
Committee :
Dr. B. C. Morgan.
Dr. Jean Sandison.
Mr. G. A. Lawson-Brown.
Dr. G. Westgarth-Taylor (*Hon. Treasurer*).
Mr. E. A. Weaver (*Hon. Secretary*).

OBITUARIES

CHARLES MELTON OCKWELL, M.D.(Lond.), F.R.C.S.(Eng.), D.P.H.(Camb),

Dr. Ockwell died on 17th October following an operation in Guy's Hospital. He was born in 1883, the son of Charles Ockwell, of Cricklade, Wiltshire.

He entered Guy's Hospital in 1901, and qualified with the conjoint diploma in 1906. While a student dresser to Mr. Jacobson, he contracted septicæmia at a post-mortem and was operated upon and personally attended by Mr. Jacobson day and night for many weeks. He intended taking up surgery, but this long illness made it impracticable and he entered general practice as a partner to Dr. Renton in Dartford. While in general practice he obtained his F.R.C.S.(Eng.) in 1919, his D.P.H.(Camb.) in 1920, and the London M.D. in 1933.

As he worked in an important munitions area he was not accepted for naval service in 1914, but in 1915 he spent a year as surgeon at a base hospital at Fécamp: from 1916 until the end of World War I he was ophthalmic surgeon at the Royal Herbert Hospital, Woolwich. He became Medical Officer of Health for Crayford in 1921 and extended this work to include Swanscombe Urban and Dartford Rural District Councils in 1926. Later he was appointed Venereologist in the County of Kent and with other duties became a full-time public health officer. Early in the twenties he was instrumental in founding at Crayford one of the first maternity and ante-natal centres; this work developed rapidly and soon an enlarged home was dealing with 700 maternity cases a year. He was one of the pioneers of diphtheria immunisation, and in 1929, within two years of commencing this project, over 70 per cent. of his child population had been immunised.

He was a member of St. John's Dermatological Society and the Dermatological Section of the Royal Society of Medicine. In 1937 he was President of the Kent Branch of the British Medical Association. After Munich he trained the Casualty Services in North Kent, and this heavily bombed area benefited greatly by the very efficient service produced. During World War II he was exceptionally busy when a very large number of Service V.D. patients, in addition to civilians, were referred to his clinics in several parts of Kent. Day after day he worked late into the night, returning to start a new day at another busy clinic. He also became interested in Dermatology and studied at Guy's and St. John's Hospital, Lisle Street, and undertook duties at Guy's and other hospitals. On the inception of the National Health Service in 1948 he was graded Consultant Dermatologist and Venereologist.

When Dr. Ockwell was officially retired by the Regional Board seven years ago he married Kathleen Keirle, who, as his secretary and chauffeuse, had been his daily companion for over twenty years. They moved further into Kent, building a house on the Pilgrims' Way, and created a labour-saving garden of trees and shrubs, which is only now maturing. In spite of his retirement and new interests, he maintained a deep interest in medicine and affairs and kept up to date by regularly attending medical meetings. Consequently his services as a locum were in great demand, and he was fully occupied, particularly throughout the summer months, having worked at forty different hospitals in the last two years! If he had time to spare he could never refuse a colleague. He was liked and respected wherever he went and his death has come as a great shock to his many friends and those who worked with him in the hospitals. His gracious manner and quiet dignity, his trust and integrity endeared him to all who came in contact with him. He was a connoisseur of food and wine, a keen gardener, a kindly man, an experienced and good doctor, and, above all, an English gentleman.

HENRY STACEY GARE, L.D.S.

We announce with regret that Henry Stacey Gare, L.D.S. died suddenly at his home in Bosham, Sussex, on 12th September, 1958. He was at Guy's from 1924 to 1929 and qualified in December, 1928. He practised at Weymouth before the war, was mobilised into the R.N.V.R. in 1940, and demobilised in Bermuda where he practised until 1954. He then returned to this country and took a Temporary Commission in the Royal Navy as Surg. Lt.-Col. (D). He had only recently returned from Trincomalee, Ceylon, where he had been serving in the rank of Surgeon Commander. He is survived by his wife and son, to whom we extend our deep sympathy.

W.I.N.F.

THE REBUILDING OF GUY'S—III.

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A.,
Clerk to the Governors

THE last account on the work of building the new surgical block was contained in the issue of the *Gazette* published 24th May, 1958. Visible evidence of the progress made since then can be seen from many points around the Hospital and from some distance away, and in the basement of Hunt's House is a temporary wooden door through the cracks of which can be seen the subway leading to New Guy's House.

On the 19th September, the President of the Hospital, The Right Honourable The Viscount Nuffield, laid the foundation stone before a large gathering of Guy's men and women, and on the platform with those concerned with the ceremony was a group of the longest serving employees. The guests were relatively few in number, in fact lack of space not only prevented the Governors inviting many guests, but it also, unfortunately, limited the number of Guy's people who could be invited to attend. This ceremony has, however, been reported in detail on an earlier occasion and the only points on which perhaps comment may be made are that, by a typing error in the information given by the Architect to the builders, the cigarette box Messrs. Y. J. Lovell & Son, Ltd. presented to Lord Nuffield, our President, was wrongly inscribed and he was made a Fellow of the Chartered Institute of Surveyors instead of a Fellow of the Royal College of Surgeons, which he is. In order that there should be no mistake, the Quantity Surveyor attempted to have Lord Nuffield made a member of the Institute of Surveyors, but, unfortunately, there was insufficient time. After the ceremony the Chairman, Lord Cunliffe, and I were asked to retrieve the cigarette box so that the necessary alterations could be made to the lettering. Our efforts to recover it were, however, unsuccessful as after the position had been explained Lord Nuffield gripped the box tightly, refused to give it up and said "I have always wanted to be a member of the Chartered Institute of Surveyors". The second comment is that it would be obvious to all that a foundation stone was being laid for a building already seven storeys high. That this was the position is probably due to two factors, first, the builders are some months ahead of their programme; secondly, the Governors, having had so many disappointments in their efforts to start the new building, were not prepared to have such a ceremony until it was reasonably certain that the building had proceeded so far that it was extremely improbable that there would be any more deferments caused through political changes or changes of mind on the part of town planners.

I believe it is correct that the late King George VI laid the foundation stone for a National Theatre. This the London County Council now have in store, the proposed site for the Theatre having been sold to Shell Mex. The Governors were determined that if they had a foundation stone, there should at least be the shell of a building into which it could be put and, at the same time, a reasonable chance that the building would be completed. The date chosen had also to fit in with the contractors' programme and the ceremony performed when the site was reasonably accessible.

In the latter part of 1957 with the initial difficulties of commencing the new surgical block overcome, it was apparent that in the near future the Governors and Staff would have to turn their attention to finishings. This included an enormous range of items such as floor coverings, curtain tracks for bed cubicles, bed lighting, lift cage finishings, etc. When the block was first being planned, the Governors had decided that, in view of the height to which the building was to rise and the experience of that type of hospital construction in the United States, they would have as Associate Architect an American Architect concerned with the design of many of the hospitals in that country and Mr. P. G. Burt's appointment followed. It was also agreed that I should make another short tour of new hospitals in the United States early in 1958, studying the materials and methods adopted for items such as those referred to above. With the co-operation of our American Associate Architect, and the American Hospital Association, arrangements were made for visits to some ten or twelve modern hospitals in New York, New Haven, Boston, Buffalo, Chicago, St. Louis and Washington, D.C., and in all cases every facility to examine what had been done was afforded me. The hospital authorities in question were most frank in both their recommendations and their criticisms of the products and methods they had used. It may be of interest to detail some of the results of these enquiries.

Floor covering materials were one of our biggest worries, not so much for the type of flooring to be used in bathrooms, test rooms, kitchens, etc., but for flooring to be used in what might be termed the patient area, *i.e.*, wards, corridors, etc. In the past, a great many hospitals had wooden floors. These had the disadvantage of becoming exceedingly slippery if they have been cleaned and polished for some years and everyone connected with hospitals realises full well that nothing will prevent wooden floors being polished. At Guy's we have used and like mosaic, but the green and blue mosaic so widely used in the Hospital is no longer manufactured. The nearest approach to it obtainable is exceedingly expensive, being approximately £6 per square yard of flooring, and, with over 20,000 yards of flooring required, it was quite impossible to entertain the use of this material, the sum allowed for flooring being less than a fifth of this figure. Only three materials were really near our price range, namely, linoleum, asphalt tiles and Vinyl tiles. The first in the thickness required is comparatively expensive and subject to indentation and the canvas back is not always durable when laid on new concrete floors. Asphalt tiles were the cheapest of the special flooring tiles, and Vinyl tiles are a relatively untested product, since they have only been in use a few years. Rubber tiles were another possible alternative, but, like mosaic, were expensive. I discussed floor coverings with the administrative authorities of every hospital I visited. I also went to see the materials used in the United Nations building in New York and a number of large office and commercial buildings; in fact I walked over so much flooring with my head down that I developed a crick in the neck. It would be true to say that, so far as hospitals are concerned, Vinyl tiles have rapidly become popular these last few years and are being used in increasing numbers, but they have a tendency to scratch badly and almost every one commending these tiles added the comment that their capacity to stand up to hard wear is untested as they have not been in use many years. In one or two cases these tiles had "lifted" badly when put in new buildings. The most interesting example of these tiles in use was seen at the new seventeen-storey Henry Ford Hospital in Detroit. Here the floors were in beautiful condition and very little scratching had occurred. I found that this was to some extent attributed to the fact that the foyer or entrance hall, including the corridor leading to the main bank of passenger lifts on the ground floor, had been carpeted. This had been done on the grounds that the cleaning of shoes carried out automatically by the carpet had removed a great deal of the grit and dirt on the shoes of visitors, which was then not carried on to the floors above, and the Director of this hospital was satisfied that the cost of carpeting was saved annually by their reduction in cleaning costs. This view was taken by others who had adopted the idea at their hospitals. It is now the intention to carpet the entrance hall of New Guy's House. In bad weather such carpeting may be covered with canvas strips which are replaced if they get very wet and dirty. In dry weather the carpet is normally only cleaned by vacuum cleaners.

To revert to the floor coverings of patient areas, Guy's was faced ultimately with a choice of only two materials, namely, the asphalt tile (incidentally, the flooring in the United Nations building in New York), examples of which can be seen on the floor in the eye wards, or the Vinyl tiles, the latter being double the

price of the former. It was decided that the patient floor area in New Guy's House should be covered by black and white marbled asphalt tiles, for the following reasons:—

1. The initial cost is a great deal less. An Asphalt tile floor could be laid twice for the cost of Vinyl and three times for the cost of rubber.
2. There is no evidence to indicate that Asphalt tiles would not last as long as other materials.
3. Asphalt tiles are easier and less expensive to keep clean than other suitable materials.
4. The tiles chosen do not indent as readily as linoleum or rubber.
5. Asphalt tiles are as resistant to staining, cigarette or acid burns as any other comparable material.

The experience of users and contractors laying asphalt tiles shows, however, that the following five conditions need observing if the best results are to be obtained:—

1. That a dark tile which has a high asphalt content should be used exclusively. Light coloured tiles contain a lot of "fillers".
2. That we obtain a guarantee that tiles will be laid within three to six months of manufacture.
3. That every care is taken to ensure that the tiles are laid on a clean, dry warmed screed, tiles not to be "warmed" quickly before laying.
4. That the methods of cleaning recommended by the manufacturers be carefully followed, including the use of a "sealer" before the floor is regularly used.
5. That normal cleaning methods be reviewed, *i.e.*, the practice of scrubbing with heavy rotary machines twice a week. This would appear to be unnecessary and is not the practice in the U.S.A., where light mopping with warm water and soap followed by oiling or polishing with a "water emulsion wax", is the standard practice, *i.e.*, the treatment given to the wooden floors in the rooms in Nuffield House.

Lift cages (I almost referred to them as "elevator cars"), were inspected wherever possible, and a visit made to the Otis Elevator Company's showrooms in New York. This Company is associated with the English Company of the same name, which Company secured the contract for the installation of lifts in the new building.

The current trend is for patient lifts and service lifts to be finished internally entirely in stainless steel, and for passenger lifts to be finished internally in formica which has the external appearance of wood panelling. This finish is most attractive and almost indistinguishable from that of wood.

Various methods of protecting the cage sides from trolleys, etc., have been adopted. In some cases, heavy rubber or vinyl covings had been put round the bottom of the cage sides and these were coupled with a stainless steel hand or guard rail. At one hospital, the lift cages had been fitted with three stainless steel guard rails, each approximately 2 in. to 3 in. deep. The lowest of these was approximately 5 ins. from the floor of the lift cage, the second about 15 ins.—18 ins. and the third at normal hand-rail height. The lift cages so fitted had been in use for a number of years, and the sides of the cages were singularly free from any scratches or indentations. Incidentally, these cages had been panelled in stainless steel to hand-rail height.

I asked the Otis Elevator Company if they had used a polythene plastic-covered guard or hand-rail, and was told this had never been fitted to any of their lift cages. It was only after considerable enquiry that they found that they had, in fact, received a sample of this material and were considering installing it in one lift cage that would be subjected to heavy wear in order that its durability, etc., could be tested. The technical advisers to the Otis Elevator Company expressed doubts as to its ability to stand up to heavy and continuous wear to the same extent as stainless steel, but agreed that if it would do so it would have considerable merit on the grounds of quietness.

The patient bed lifts in the new surgical block are to be fitted with two guard rails and rubber coving, and the formica finish has been adopted for the passenger lifts.

Guard rails in the lift cages will be steel, covered with thick plastic. A sample of this type of guard rail has been fitted for test in one of the old lifts in Guy's House and the plastic covered rail certainly scores heavily against stainless steel

where noise is concerned. The sample, however, has an aluminium core instead of a steel core, and this soft metal has bent in use.

Another item on which some time was spent was curtain track for cubicling the beds. Easily the most popular curtain track in the U.S.A. is that manufactured and marketed by the Capital Cubicle Company, of Brooklyn. The Company informed me that they had sold installations to hospitals covering the curtaining of over 20,000 beds per annum during the past seven years. This track is of conventional pattern, using metal balls as runners. It is quiet but not noiseless. It seems fool-proof and no users had any criticisms. One installation inspected had been in use for ten years without any faults having developed.

I enquired particularly for installations of "tape runner" type of curtain track. The largest installation of this type that I saw was at a hospital where 500 beds had been curtained. In addition, I visited the Michael Reese Hospital, in Chicago, where they had some 250 beds curtained with this track, installations having been made at two different times. Neither hospital proposes to use it again, except that, at the Michael Reese Hospital, they stated they would use it for curtaining beds in a psychiatric ward, as they felt its noiseless qualities for this type of case was the predominant requisite in a curtain track.

At a hospital opened some 3½ years ago, the "tape" track was still in use. It had been mounted flush in the ceiling and, although masked when the rooms had been painted, a certain amount of paint had got into the track on the curves, and it was stated to have cost $15,000 and the efforts of 100 students during the long vacation to clear the track of this paint, special tools having had to be devised for the purpose. In addition, they had found that the difficulty in holding a curtain to the ceiling while inserting the small runners into the track had been such that they had had to scrap all the curtaining originally purchased and substitute new lightweight poplin curtaining. The nursing and housekeeping staff, mainly women but including some men, had found it almost physically impossible to hold up heavy curtaining while standing on a ladder and inserting the slides into the track.

From various hospitals that had installed the tape runner type of track and either scrapped or still had it in use, or had tested and decided not to adopt it, I obtained the following list of objections to this form of curtain track :—

1. Tapes containing slides get knotted in the laundry.
2. The slides bind on the bends in the track.
3. The curtains cannot be pushed back close to the wall.
4. Housekeeping and nursing staff dislike it owing to the difficulty of re-hanging curtains.
5. The track when mounted flush in the ceiling gets clogged with paint when redecorations are in progress. This, while not a fault in the track, is a practical difficulty and largely arises through the narrowness of the slit through which the tapes pass and the difficulty of masking, particularly the bends.
6. The tape holding the slides gets "gummy". This is thought to be due to a combination of soap residues left in the tape after washing, plus dust, possibly aluminium oxide from the track, and moisture rising in hot air in the room.
7. Tapes were sometimes said to be of uneven quality.
8. Tapes had not lasted the "life" of curtains, necessitating heavy repair cost.
9. Cost of purchasing new tape including "Runners" every time the curtains are renewed.

A final decision on the make of track to be installed in New Guy's House has not yet been reached, but it has been decided that it will be suspended from the ceiling, as in the existing wards, and, subject to test, it is hoped to use a form of plastic runner, again with the object of obviating noise.

Plastic-covered bumper rails in lift cages, plastic runners on curtain tracks, acoustic tile ceilings in corridors, thermalite blocks for interior walls, plastic-covered handrails on staircases and concourses are all items introduced in an effort to reduce noise; a secondary advantage also following the use of carpet in the entrance hall, and, wherever possible, steps to eliminate noise have been taken. What the end result will be is difficult to say, as on the other side of the picture we are introducing ward telephones for patients, nurses' call signals, Lamson pneumatic tubes, the hiss and thud following the use of which is well known to anyone who has seen them. As the tubes will run to Clinical Pathology and the Dispensary, and are intended to convey bottles, it is hoped that the crash of breaking glass will not be added to the din !

The plans originally provided for a wall panel which would hold the patient's light switch, call signal switch, wireless programme selector, etc., but at a Building Committee meeting criticisms of this developed, mainly on the grounds of the difficulty some patients had in reaching the wall behind their bed. A further criticism, though not concerned with the panel, was the disadvantages of having the light fixed on the wall over the bed. At one hospital in the United States these difficulties had been overcome by having a floor standard lamp, instead of a wall mounted light fitting, and in the column of the standard lamp was a switch panel controlling light, call signal, etc. A "mock-up" of such a fitting was made in the Works Department, but the disadvantage of another fairly heavy piece of furniture on the floor near the bed was obvious, and, in fact, with the locker at one side of the bed and a wash basin at the other, there was really nowhere to put a standard lamp, without its interfering with the care of the patient.

This matter was under consideration at a meeting of the Medical Sub-Committee of the Building Committee, and one of the consultant staff suggested cutting the base off the lamp and attaching the light column and switch panel to the locker. A protype was made in the Works Department, and it was clear that even if the perfect answer had not been obtained, this was the best way of meeting objections to the other proposals so far evolved. It is intended to develop this idea. A sample has been tried out in *Sarah Swift* Ward, and it is hoped to equip all beds in New Guy's House with bedside lockers on which will be mounted a switch panel governing light, wireless and call signal, and further on the locker will be mounted permanently some form of the anglepoise type of light fitting. The advantages of such an arrangement, particularly that of having a movable light when examining a patient, will be easily apparent.

With the building of the low retaining walls round the areas completed, the contractors started to back fill the excavations to give them more ground level working and storage space. To permit of turfing or planting, the last few inches of back fill have to be good quality soil. Some soil of remarkably good quality was being tipped, but, on examination, it proved to contain a large number of bones. The presence of a human skull was proof, if proof were needed, of the type of bone, and an enquiry revealed that the soil was coming from excavations in the St. James's area, presumably from some old disused and unknown burial ground. Otherwise, I think the remains would have had to be disposed of in a different manner. It is hoped that if these remains are again uncovered in the years to come, their presence will not lead to allegations that Guy's had been surreptitiously burying its mistakes! Dr. Mant had a look at some of these remains and commented with certainty that they were over seventy years old; he thought they were probably two or three hundred years old.

The completion of the structural work on the lower ground floor and the striking of the scaffolding revealed clearly the heavy concrete shell for a second cobalt room. It also showed just as clearly that the "perimeter pipe duct" carrying the main services below the lower ground floor, ran under the floor of the cobalt room. Any maintenance personnel working in the duct when the cobalt was in use would, therefore, only be protected by 6 ins. of concrete—in effect, no protection at all. All sorts of elaborate schemes were thought up, such as having two steel gates to be electrically controlled by the shutter on the cobalt machine-head in such a way that the locks could not be used when the shutter was open. This seemed a good solution until it was appreciated that such a device might lock someone in the pipe duct as well as keep them out. Ultimately, when it was appreciated that access to this section of pipe duct would only be needed on very rare occasions, it was decided to build a 4½ in. breeze block wall at each end of the duct where it passes under the cobalt room. Such walls can quickly be demolished and rebuilt when necessary, and, while work was being carried on in the duct, suitable precautions could be taken to ensure that there was no exposure to radiation to the persons working.

It was the intention to have by the passenger lifts a letter chute, these being normally installed in the lift wells, but the cost of the cheapest of these was well in excess of the sum allowed. Ultimately, the Quantity Surveyor suggested a brilliant solution to this problem. The main staircase is built round an enclosed well and, by ensuring that the inside walls of this well are smooth, the new block has been provided with a letter chute of "outsize" dimensions. In fact, it will probably be the largest letter chute in use in any building other than those owned by the Post Office!

Another incident of a different type was the discovery by the Site Clerk of

Works that the precast stone lintels that had been delivered had their steel-reinforcement inserted at an incorrect depth, *i.e.*, the steel rods were on one side of the stone insufficiently covered with the concrete mix. This mistake weakened the precast stone and all lintels delivered were condemned and had to be replaced by the sub-contractor who manufactured them.

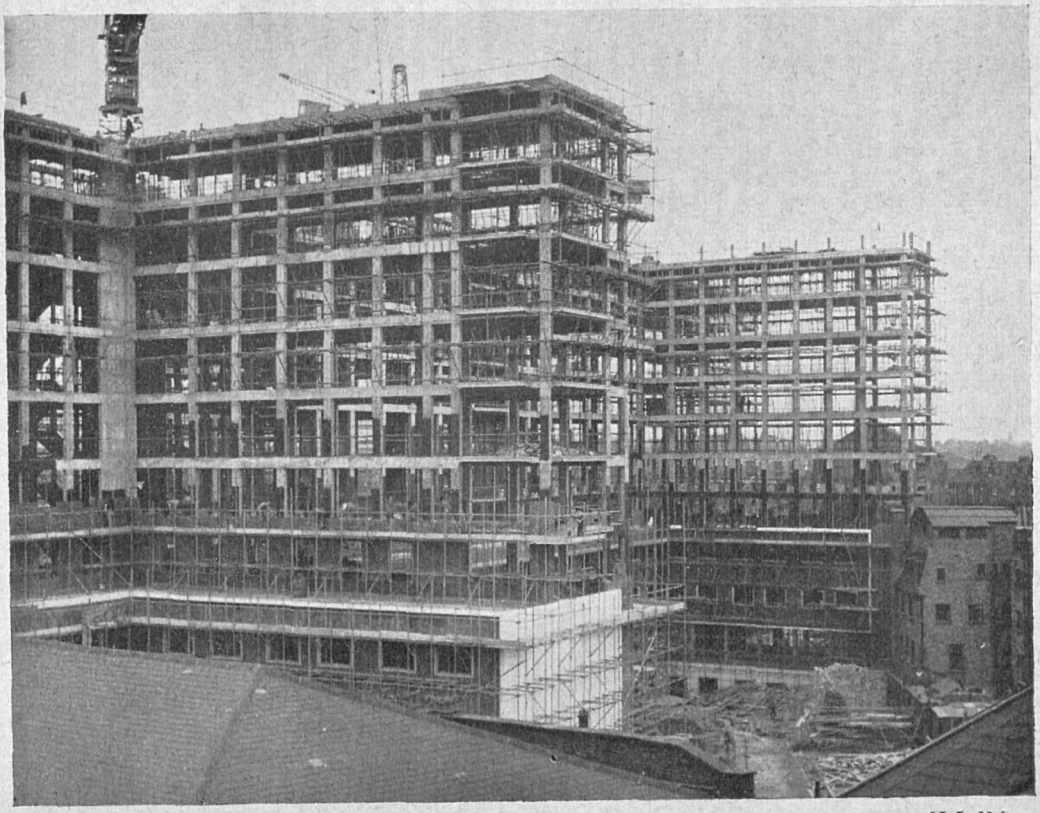
At a site conference in May there was available for inspection a sample door and architrave. This was examined and was on the point of being approved for use in the building when a comment was made by the Architect that he did not like the colour—"it was a little too yellow." The door and frame were the natural colour of the African hardwood chosen, only clear polish having been used as a finish.

Following the Architect's comment, there was a long discussion with the builder as to how the colour might be made warmer, and, eventually, in terms that I could not understand, a method was agreed upon. Agreement between the technical experts having been reached, I posed the stock query of "how much ?" After a few calculations, the builder replied, "2d." Then followed the query, "2d. what ? for all doors ? all doors on each floor ? each door ? or exactly what is this 2d. related to ?" The answer to this was 2d. per superficial foot. As there turned out to be 204,000 superficial feet, the 2d. was £1,700 extra cost, to which there was only one answer—"No." This answer I gave hurriedly if only to avoid difficulty with the Building Committee, Ministry of Health and Treasury at a later date. Further consultations with the builder resulted in the 2d. becoming 1d., to which the answer was again "No," as the halving of the amount would certainly not have halved the difficulty. Still further consideration of the problem resulted in a solution costing nothing, namely, the addition of a little stain to the polish would obviate the separate staining operation—an object lesson in how a desired result can be obtained at no cost compared with the cost of carrying out first thoughts on the matter.

In the early days of the work the contractors had no labour troubles, but as the job proceeded they were unfortunate in that they engaged on the staff one or more rather militant workers who did what the contractors referred to as "slipped through their net." Then the trouble began. It is difficult to see the reason for these men's actions; they started work late in the morning, regularly took longer than the allotted lunch hour, with the result that other men working with them were held up. They were given notice of dismissal, but, on appeal by their colleagues, were reinstated. From then on they seemed to intensify their campaign, which seemed designed to ensure that they got sacked. Eventually, after a number of misdemeanours, they were dismissed for unsatisfactory behaviour and unsatisfactory work. The capabilities of at least one of these few men in disorganizing work was obviously considerably in excess of his willingness to work, since he persuaded 45 men to go on strike, demanding his reinstatement, on Friday, the 13th June, and on the following day almost the entire remainder of the labour force came out in support. That this action was foreseen and contemplated was proved by the circulation almost immediately of leaflets setting out what appeared to be a biased and, according to the contractors, completely untrue account of what was taking place, and it is significant to note that this leaflet appealed for donations to be sent to the man in question at his private address, although it did not give any undertaking that any amount received would, in fact, be distributed to the strikers. The contractors were advised that the statements in the leaflet were libellous and legal action against the man in question was possible, but, from a realistic point of view, the question had to be asked "what was the good of taking action ?" The leaflet was careful to avoid using the name of the Transport and General Workers' Union, the union to which the vast majority of the men belong, as officials of this union had urged the men to return to work. Legal proceedings against a man of no substance could only result in an order for the payment of damages, and, in the absence of the means, this, of course, could not be enforced.

To follow all the moves that took place was of absorbing interest, but one could not help getting a very sad opinion of the mentality of the men concerned. Although urged by their union officials to go back to work and after being told by the said officials that the dismissed men were only attempting to further their own ends, they could not be prevailed upon to start work. Apparently, their predominant feeling was that of fear; fear that they would be pointed out as men who refused to support their colleagues. That many had no heart or belief in the justice of the strike was evidenced by the fact that rather than be a party thereto

New Guy's House, with the roof in place on the wing in the foreground. This view from Outpatients across Great Maze Pond shows the Snowsfields Psychiatric O.P. Department dwarfed at the right of the photograph.



Photo] [*J. L. Nelson*

they asked for their cards and sought employment elsewhere almost immediately. After four days, one or two men returned to work, but, altogether, it was eight days before the strike finished and even then there was no set determination. The men drifted back gradually; the causes of the trouble were not reinstated, and unfortunately progress of the work had been delayed, but the greatest loss was that of the good workmen who, having no heart in the strike and who did not wish to be mixed up with trouble, sought employment elsewhere. The ultimate effect of the incident was probably not very great as the contractors stated that the work was proceeding faster and better with a smaller labour force after the strike was over than it was before it began. (It would seem that more recently Sir Robert McAlpine & Sons, Ltd., have been suffering from the same sort of trouble at their South Bank site.)

Sometimes there is a strange reluctance to reach a decision. Most frequently this occurs when a choice of equipment has to be made and the reason for the reluctance, quite a natural one, is that it is thought that, if a choice of equipment can be deferred until the building is nearly completed, something more modern and up-to-date can be purchased. Such an incident concerned the dental units that are to be placed in the dental emergency treatment rooms on the casualty floor and the dental surgery for in-patients on the sixth floor. A decision as to the type of unit was needed by the plumbers, who stated that different units had different methods of disposing of water and waste from spittoons, particularly in connection with the type and position of the trap. Until the type of unit to be installed was known, the plumbers stated that they would not know the level at which pipes under the floor should be laid. This, in turn, affected the level at which the waste pipe leading to the main drain had to be laid. All efforts to get a decision on the type of unit proved abortive until a meeting of the Medical Sub-Committee at which dental representatives attended, was held.

Mr. Doherty, who was in the chair, struggled hard with his dental colleagues to get a decision but without success. Eventually he invited them to leave the room to make up their minds and only come back when a decision had been reached. Eventually they returned about an hour later with the information needed. When outside the room, one dental representative was overheard to comment to another, "We've been sent out to do our homework". It might be appropriate to say now that Mr. Doherty, following his retirement from the position of Superintendent, has been co-opted as a member of the Medical Sub-Committee of the Building Committee in order that his knowledge and experience continues to be available.

It is surprising how items that it would appear would only have to be decided upon when the building was almost completed suddenly arise as matters of priority requiring a decision. One such example was the type of equipment to be installed in the dental surgery on the sixth floor that is being made available for the treatment of in-patients. The query arose on the question of the supply of compressed air. Should this be piped from the main compressor in the basement through seven storeys of the building, with all the consequent risk of leaks and the cost of piping, or should the unit have a built-in compressor ? The latter course of action was decided upon.

This year, for the first time in this country, an exhibition of hospital equipment was organized at Olympia. This was held during the week 5th-10th May, and a section of the exhibition consisted of models and plans of hospitals and hospital extensions either under construction or contemplated in this country. A very large drawing of New Guy's House was included in the exhibition. By some mischance, the first two words of the name had been transposed and the drawing was labelled "Guy's New House" !

It was rather interesting to stand beside the drawing and listen to the comments and criticisms of other visitors to the exhibition, particularly as they had no idea of the reasons that had led to the various decisions. In fact, in just under ten minutes, the observations of at least six people were to the effect that there was nothing right with the design of the building, or the layout of the accommodation. One of the commentators, however, was slightly confused when on turning round he found himself face to face with someone who he knew had had at least a little to do with the planning. Eventually the discussion as to why we had done what we had was terminated by the necessity of returning to the Hospital.

Some matters seem ultimately to be decided upon rather irrelevant grounds. One such example is an amendment to the intention to have on the wall of the entrance hall a plaque of the Hospital's coat of arms. On second thoughts, it

has been decided that this shall be executed in mosaic and inset flush into the wall. Without hammer and chisel, it will not be capable of removal and, even with these aids, only in bits and pieces. It will, therefore, not be a suitable trophy for some other hospital as on one occasion a certain red lion was for Guy's.

A further example is provided in the section of the rail to carry the bed curtains. It is well known that a steel tube is stronger than strip metal of similar gauge. All curtain runners will be mounted on tubing, so that forgetful students and others who may use them as horizontal bars during slack moments of ward rounds will not either become casualties or leave the curtain rails looking like a section of a big dipper.

The difficulties in planning on paper things that will work in practice are often very great, and a good illustration of this was afforded by the plan for the layout of the road way into the new casualty department. This, on examination looked perfectly all right, width sufficient, curves symmetrical, minimum interferenec with pedestrians, easy connections between unloading point and ambulance parking space. The Architect, myself and others were, however, not quite satisfied, so arrangements were made for the plan to be pegged out to full scale on the adjoining car park and the proposed road out-lined in tape. The Director of the L.C.C. Ambulance Service kindly permitted one of their Daimler ambulances to be used to test the taped road. To our consternation, the ambulance could not get round it, the curves were too sharp and it was only when the third plan had been tested that it was known that the access road as planned could in fact be used by the larger types of ambulances. If the practical test had not been made, we would have had a covered ambulance unloading bay into which anything but the smallest ambulance would have been unable to enter.

Recently, several errors in our original planning have come to light, some of which will prove expensive. One of these is that no provision had been made for lighting the access road to the new building; for this there is some excuse, in as much as the road follows the site of Sparricks Row, and, as this was a public highway, the necessity of providing lighting never occurred to anyone. It is only recently that it was realised that the old system of lighting the road had been destroyed in the blitz and that a new system would have to be installed. Again, when the plans were finalised, it was agreed that the Diagnostic X-ray Department should be centralised on the ground floor of Hunt's House, but in the intervening years the scope of their work, particularly in the sphere of cardiac investigations, has increased, and, on examination, it proved impossible to give the department the space needed without moving the Dispensary, a proposal that, if for no other reason, could not be proceeded with on the grounds of cost. The lower ground floor of the east wing of the new building was, however, unallocated for any use; it was thought that probably before the building was completed some omission would be discovered for which space was required and this wing was kept available to cover such an emergency. A special section of the Diagnostic X-Ray Department, to include the X-ray Theatre, Schönander Unit, etc., will now be housed in this wing. This course of action, while having the disadvantage of splitting the X-ray Department, will, on the other hand, give them first class accommodation in the new building and prevent them being cramped in inadequate space in Hunt's House. It is sincerely hoped no other errors in calculation come to light as every inch of space in the new building is now booked.

Recently, when inspecting the progress of the building, one of the higher ward floors was visited, and, even now, it is possible to visualize what they will look like. In particular, they gave the impression that they will be light and airy and conveniently laid out. At the same time when looking over the surrounding buildings, one is not inspired. The wreck of the south side of the College looks even worse from above; the common brick faced rear wall of the building in Snowsfields, now used as the Psychiatric Out-Patients Department, is uncomfortably close to a ward wing and in appearance is far from attractive. On the other side of the picture, when the remaining old houses in Snowsfields are demolished and the Nelson Recreation Ground extended by the L.C.C. as planned, the warehouse opposite the present Casualty Department demolished, leaving "The Miller of Mansfield" in splendid isolation, the new building will on the whole be openly situated and the panorama of London visible from the top floors well worth seeing.

In the building itself can now be seen such features as the clinical lecture theatre on the second floor and the beginnings of the observation domes over four operating theatres. The basement pipe duct is filling up with a mass of pipes

and cables and these can also be seen attached to the roof, where they service the rooms in Casualty; similar pipes can be seen suspended from the operating theatre floor, and in many places the galvanised trunking for air conditioning is also in position. Externally the stonework is almost completed; brickwork is going up round the first ward floor, and it is possible to get an impression of what the finished building will look like—all in all, an amazing transformation from the derelict site of October, 1957.

Something achieved is always an inspiration, and the Governors encouraged by what has been done are pressing on with their plans for the further improvement of the Hospital. These include such things as the feasibility of restoring Guy's House, and the possible subsequent conversion of the upper floors into flatlets or bed sitting rooms for Nurses; the rebuilding of the destroyed east wing tentatively scheduled to provide new dining rooms and accommodation for House Officers, and the rebuilding of the staircase in Hunt's House, the present staircase being a "temporary" wooden replacement of the original destroyed during the war.

Other matters currently under negotiation include the possibility of closing Great Maze Pond to vehicular traffic, and the widening of St. Thomas's Street on the northern side instead of the suggested southern side, which would have involved the demolition of Matron's House.

Major alterations and extensions of the dental department to include the building known as Down's warehouse are also under consideration, as well as the plans for extending the out-patients' department when the present casualty department moves to the new building. Obviously, all these proposals cannot be carried out simultaneously, the cost would be too great, as also would the administrative and planning difficulties, but all these matters have progressed to some extent. Ultimately, the finance available and the priority given by the Governors on the advice of the staff will determine which schemes are given precedence.

When visiting America I became aware that there was a firm of consultant interior furnishers and decorators who for some seven years or more had specialized in and done nothing else but plan the interior decoration and furnishing of hospitals. Several new hospitals in which they had carried out this work were included in my itinerary and the overall impression that they gave was that the decorations and furnishings were most attractive and a vast improvement on other hospitals where nothing comparable had been attempted. When one comes to examine the normal methods of dealing with this work in a hospital extension, it is not surprising that on many occasions the end result is far from satisfactory. The methods usually adopted are something like the following, although this is perhaps a slight exaggeration: The architect would decide what colours he was using on walls and the finishes he was having to the woodwork. The types of colours of tiling might also be selected by him, probably all of these matters being the subject of "helpful" comments by a building committee. The matron and various sisters, as feminine experts, would be consulted on the types and colour of curtaining, bedding, etc. They would probably have widely divergent views and, probably without any reference or even knowledge of the architect's colours for wood, tiles and walls, they would proceed to choose cretonnes, casement cloths, etc. Then would come the question of furniture. Selected from catalogues largely in black and white, a variety of styles might be chosen. If the furniture ordered had to be made, probably a choice of furnishing fabrics would be left to the hospital staff. These made at a different time, possibly much earlier or much later than the choice of colours for either walls or curtains, would be done independently. When the building was finished, the whole of these haphazard selections would be concertina-ed together, with the end result that we all know.

The Governors decided, although they could not employ the American firm, that they would have the colour schemes in New Guy's House, soft furnishings and furniture, all chosen by one person and that that person should be an expert in colour schemes and interior decoration and lay-out. Admittedly, there are limitations imposed on a free choice, namely, the money available and the fact that so much equipment and furniture has to be transferred from Guy's House. The Governors have unanimously invited Mrs. Boland, the wife of the Dean of the Medical School, to undertake this very onerous task and are delighted that she has accepted. Mrs. Boland is well qualified to undertake this work, having performed similar tasks for one of the biggest commercial undertakings in the country, and a sample of her work exists in the new students' accommodation adjacent to the Medical School.

The roof of the new building will be completed by the end of November, and already the walls have risen to the third storey, which, in turn, has made possible the commencement of the work of fitting radiators, etc. This led to the first decision on colour being required, *i.e.*, that for the back panel or shield to the radiators. Mrs. Boland's appointment is, therefore, none too soon, and it is in fact, a pity that the inspiration to invite her to do this work did not occur earlier, so that the work could have been spread over a longer period. As it is, there is a tremendous amount to do in a short time, as the builders have progressed so rapidly that they now expect to complete New Guy's House by the 31st March, 1960, a full six months in advance of the date called for under the contract.

In addition to my tour of American hospitals, my deputy, Mr. A. H. Burfoot, was sent by the Governors on an International Hospital Federation Study Tour in Germany. Following this tour, Mr. Burfoot independently visited Belgium to see new hospitals under construction in that country. On his return, he submitted a report to the Building Committee on what he had seen, and a number of new ideas are now under consideration. Further reference to this tour and the results therefrom will be made in a subsequent article. The Building Committee were very impressed with the report and the detailed observations contained therein.

Some of the consequences of having to integrate the new building into the current work of the Hospital will shortly become very apparent and, to some, very painful. The dressers' rooms over the present Casualty Department will be needed for the new enlarged telephone exchange; the Diagnostic X-ray Department in the medical block will be disturbed while a new lift is installed and work of re-organization carried out; the V.D. Clinic will be temporarily cut in half as part of the work of altering the X-ray Department; the kitchens will be disorganized while works of extension are carried out, and in many other ways the smooth working of the existing hospital will be disturbed. It will be realized that such disturbances are inevitable; every effort will be made to keep them to a minimum, and I am sure that those of us who are upset or inconvenienced will make the best of the situation and not grumble to those who are not, through no fault of their own, providing the customary services. Those departments most affected by the alterations will have troubles and difficulties enough to contend with without having to pacify "dissatisfied customers."

I cannot conclude this further account of the work of building New Guy's House without referring to the fact that I have recently been a patient in our Hospital for some six weeks. I have always told everyone that the best hospital care to be obtained anywhere was provided at Guy's, but it is only when one experiences such care that one really knows how good it is. The kindness and attention I received from medical, nursing and other staffs are beyond description. My good friend and stern ruler while in hospital was Sister Griffith, on "C" Floor in Nuffield House, and, needless to say, as I approached the convalescent stage, we began to discuss hospital shop. A big notice on my door said NO VISITORS, but Sisters are privileged persons who make rules, and on more than one evening when Sister Griffith should have been off duty the light was burning in my room while details of the new building were discussed, much, I might add, to the confusion of the night staff, who were unable to "settle me down." However, I certainly heard of many of the problems confronting the nurse in the carrying out of her work, and, to refer to only one matter, I am currently engaged on trying to get perspex finger plates on doors, perspex electric switch covers, etc., in order that there shall be no metal plates for future generations of nurses to polish. Credit (if certain other ideas are a success) will be due to others of the nursing staff who looked after me, and I am grateful not only for their kindness in the "course of duty" but also for their patience and forbearance in putting up with my many questions on their work. I am told on good authority that, at the recent Nurses' Prize Giving, the Matron informed the nurses present that they had been doing some useful propaganda whilst they had me in their care. The fact remains that I was ill at a time when observations as a patient might bear fruit in improved details in the new building. Personally, on balance, I must say I would have preferred to have avoided getting help with my work in this way !

OBITER DICTA

Mr. H. J. B. ATKINS—"When I was a boy blood clotted much more easily."
Dr. KEITH SIMPSON—"I am no ordinary doctor".

CORRESPONDENCE

Letter to the Editor of the Gazette

The Ronald Marx Fund

From Mr. A. R. F. Thompson

SIR,—I am sure that the many generous subscribers to the Ronald Marx Fund will be gratified to know that as a result, the substantial total of £283 6*s.* 0*d.* was reached and has been received by Anne Marx with the greatest pleasure. She has written to me in the following words : " I do hope you will be able to convey to all these good friends at Guy's just how much this help means to me and how deeply grateful I am; quite apart from the financial assistance that this fund affords me, it is a great comfort to me to know that Ronnie was held in such esteem "

Yours etc.,

ALLAN THOMPSON.

Dental Department,
Guy's Hospital, S.E.1.

Miss Evelyn Northfield

SIR,—Will you please allow me to use your columns to express my deep gratitude for and appreciation of the gifts and good wishes I have received from my many friends and colleagues on my retirement from Guy's. It is impossible to thank them personally, but I hope these few lines will convey my sincere thanks and assure them that I shall always be reminded of their kindness and good wishes.

Yours etc.,

EVELYN NORTHFIELD.

18, Cyprus House,
Cyprus Road,
Finchley, N.3.

Visiting Hours

SIR,—In reference to your article in the 8th November edition of the *Gazette* regarding visiting hours.

The telephonists deal with countless enquiries daily, for the time and days for visitors, and when informed, they are surprised and disappointed at the lack of daily and evening visits compared with other hospitals.

We feel that the visiting hours for this Hospital are grossly inadequate, and should be revised in comparison with other hospitals, perhaps to include the occasional half hour on weekdays, which would be extremely beneficial to visitors from the provinces.

Yours etc.,

F. COULSON,
Telephone Supervisor.

Telephone Exchange,
Guy's Hospital, S.E.1.

SIR,—As a relative of a patient who has been in Guy's for many weeks I should like to support the plea printed in your last issue for daily visiting.

Other relatives and friends do not like to intrude when a husband or wife is visiting a patient on one of the three present visiting days. Daily visiting would help to alleviate this and I know from my present and previous experiences that visits can have a definite therapeutic value.

Yours etc.,

R.M.N.

Long Meadow,
Stubbs Wood,
Chesham Bois, Bucks.

Landon Tea Party

SIR,—May I once again make an appeal on behalf of the Landon Tea Party. We hope to hold this party in the Out-patients Department on Tuesday, December 23rd, from 3-6 p.m.

We intend to invite 280 children, quite a crowd to feed ! Donations of money will be most gratefully received by me. Also toys (new ones, please) will be much appreciated.

Yours etc.,

DORIS CHRIMES,
Out-patient Sister.

Out-Patients Department,
Guy's Hospital, S.E.1.

PRIZES FOR EVERYONE

My nephew Hugh, who is now at a famous Medical School, sends me the following account of the 1958 London Medical Exhibition.

"On the whole a jolly good show, though parts were a bit drab ! The Exhibition is held in the Royal Horticultural Society Hall, and provides the first encounter between the great drug firms and we students who hold the key to the door of medical progress. Qualified doctors are invited also.

It is quite clear that many students from less respectable hospitals go there merely to collect free samples. They furtively shovel packets into bulging jacket pockets, looking most shabby against the glittering background of the exhibition. Stand designs range from an expresso coffee house style of Burroughs Wellcome or Glaxo with its dazzling mobiles, a Chelsea flower show rockery style of Allen & Hanburys, to the frankly dull. Goldfish are a good gambit; large succulent ones (ICI) remind one that 'Icipen' is well tolerated orally, whilst the small gobbling species (A. & H.) demonstrate that 'Fentazin' may be used for chronic alcoholics. Quite a clever ruse.

Some of the stands which are just giving away products, dispense with decoration, an example being the tiny booth near the exit by which a bald man gives away a shampoo to prevent hair loss (*p*H 7.5 tested at Bruxelles University). Most give-away stalls have the gifts prominently displayed. Bencard and Squibb have handy help yourself racks, which make congenitally furtive samples look pretty silly. Booklets are often in similar racks. Searle have elegant coloured booklets on all products, whilst May & Baker produce even larger booklets of *Pelican* size. For sheer helpfulness this firm, M. & B., must be complimented on providing smart blue carrier bags for sample accumulation. Abbot provide an interesting glossy magazine on modern research, 'What's New', which has a splendid coloured modern art reproduction on the cover. The latest number has a picture of a man by Samuel Rosenburg on the front, and inside an original article on facial disfigurement.

The men on the stands are mainly high-powered salesmen. You get no further than 'How do you spell Chorphtha . . .' before an enthusiastic salesman pops an anti-pruritic tablet into your mouth. Cadbury and Marmite provide beverages to take the taste away, and the Marmite is most attractively served. Cadbury are quite magnificent: writing your address on a sticky label ensures a gift parcel in the near future. Horlicks and The Distillers Company would do well to copy this approach. It is a scandal that two great firms should miss such an opportunity to please.

The sad salesmen are the most difficult to refuse. Even if one doesn't suffer from post-menopausal symptoms you feel an absolute cad refusing a gift, and I had to remember our motto 'Accipere Quam Reprehendere' (To take—and not to grumble). Unfortunately, after a short time the synergistic effects of anti-allergen tablets, diabetic chocolate, iron tablets, salicylates and marmite began to win, and I eased off in search of an anti-emetic (Riddojoy, by kind permission of Riddell).

Give-away techniques vary greatly. Some firms welcome confident taking (Bencard), others like to see evidence of intelligent interest, for example at Parke

Davis the question 'Do you make Savory & Moores ski cream?' is answered with free shaving cream and a tube of Euthymol tooth paste. Glaxo believe in the traditional fair ground technique, having a prodigiously healthy giant, obviously their Bermudan representative, distributing vitamin pills with the information that they keep him 'in the pink' throughout the Winter. At Libby's I had to listen to an account of the war-winning efforts of evaporated milk since 1885, before a fierce nurse rewarded me with a tin. By this time the M. & B. bag had lost interest, and split completely down one side—another example of a brilliant British idea being spoiled by shoddy workmanship. However, there happened to be a strong carrier bag in my pocket, so all was not lost.

The scope of the exhibition shows the way in which the great firms are grappling with modern problems. The most serious symptoms are clearly nasal congestion, anæmia and itching. Sufferers of this classical Space Age Triad need fear no lack of remedies. The publishing companies show progressive signs also. Whilst it is true there are no free samples, and the books are at a price only Consultants can afford, one firm does show a splendid 'Grouped Symbol Associator'. It is a sort of monster slide rule into which symptoms are set at one end, and differential diagnoses emerge at the other. This is Great News, and at a cost equal to two textbooks is a must for every student's Christmas stocking.

All these displays were in the ground floor Hall. Upstairs were the Rhododendron Room, the Orchid Room and a film 'Simplified Urine Testing'. I missed the film as I had to slip across to the 'Army and Navy Stores' to buy a suitcase.

Every exhibition is tiring and this is no exception. It is towards the end of the visit that the thoughtful exhibitors are most appreciated. They provide easy chairs or tubular collapsible paratrooper type wheel chairs in which to relax and reflect upon the highlights of the exhibition. The pocket torch, by Holborn Instruments, which stays on when used is undoubtedly the greatest advance of the year, though it will be interesting to see how the new steroid preparation fares described as 'a most powerful new androgen with positively no androgenic properties'.

Perhaps the exhibition is best summed up by the voice of an enormous crate of samples as it lurched to the exit on a pair of legs later shown to belong to my G.P. : 'Might as well go now, Hugh, I can't carry any more'."

HUGH'S UNCLE.

GUY'S HOSPITAL ART SOCIETY

On Thursday, 13th November, Mr. Bryan Robertson, Director of the Whitechapel Gallery, showed a large party from Guy's around the exhibition of action paintings by Jackson Pollock.

It required Mr. Robertson's eloquence to set our judgment on relevant lines in face of these difficult and rather unfamiliar paintings. He began by placing Pollock very high as a modern master, and went on to point out the great qualities of organisation and insight which show themselves in his huge and complicated canvases. These paintings moreover, it was urged, obey all the rules of picture making, they provide "a rich feast for the eye", and they explore the possibilities of form and paint very far.

Mr. Robertson dealt patiently with many questions, until well after seven, and informed us of a film of Jackson Pollock at work which will be shown at the December Meeting.

The next meeting of the Art Society will be on Thursday, 27th November, at 6 p.m., when there will be a visit to the Lord's Gallery (26, Wellington Road, St. John's Wood), where Mr. Philip Granville, the director of the gallery, will talk about the current exhibition of paintings, sculptures and colleges by Kurt Schwitters. A party will leave the colonnade at 5.15 p.m.

CHRISTOPHER MALLINSON.
Hon. Sec. Guy's Art Society.

SPORT

RUGBY FOOTBALL

Guy's v. Rosslyn Park

At Roehampton 15th November, 1958

Result—Lost 10-23

Guy's fielded a side showing three changes from that beaten by Birkenhead Park, Biggs replacing Parker, Jones coming into the pack for the injured May, and Edwards coming in for Pagliero. In a most entertaining game, they were beaten by Rosslyn Park, although the score is not a true reflection of the game. As has happened before this season, Guy's opponents took advantage of defensive lapses to amass a large score, whereas Guy's had to work hard for their points.

Rosslyn Park kicked-off and for some time play swung back and fore, neither side getting on top. Then the home side went into the lead following a movement when the ball was passed very quickly across the line for the left wing to score after having brushed off four tackles. The try was converted.

Guy's quickly evened the score with a very good try. Biggs got his foot to a loose ball and dribbled up to half-way. Wright was on hand to continue the movement, and he worked the ball over the line to score about half-way out. Buirski converted. Almost immediately Rosslyn Park went ahead again when the ball went loose near the Guy's line after a movement had been checked. Baker was up to collect the ball and score wide out. Johnstone converted with a very good kick.

Both sides played well up until half-time, but there was no more scoring. When play began again, Guy's immediately got on top, and kept up a non-stop pressure for the first ten minutes. Then some lamentably weak tackling by Guy's allowed Thurgood to score for Rosslyn Park on their first excursion into Guy's half. The kick at goal failed.

Undismayed, Guy's returned to their opponents' half, and launched attack after attack, without much penetration however, and once again it was Rosslyn Park who scored next. This time the strong running Benka-Coker scored after a break in the centre. The try was converted.

Guy's replied to this with a very good try by Knight who received the ball on the 25, and went very strongly for the line to score under the posts. Buirski converted. Before the end Rosslyn Park scored their best try when Kethey gathered a cross-kick from Benka-Coker and scored underneath the posts. The kick was successful.

Throughout the game, both sides played good, open rugby. The Guy's pack turned in their usual fine performance, and behind the scrum Nicholas had a very good game. Guy's must tighten up in defence or they will continue to present points to the opposition, undoing all their own good work.

Final score: Rosslyn Park 23, Guy's 10.

Team: G. Edwards; J. Leyshon, R. T. Hawley, C. J. Wright, P. A. Biggs, N. F. Boyd, J. R. D. Nicholas; A. C. Knight N. M. Patterson C. Jones, B. Blackwell, P. W. R. Harris, D. R. Lloyd-Edwards, A. P. Buirski (capt.), J. D. Bryant.

Guy's v. Birkenhead Park

At H.O.P. 8th November, 1958

Result—Lost 19-3

This was a disappointing performance by Guy's after the form shown in the past few weeks, and they were convincingly beaten by a fast moving, but not greatly talented Birkenhead Park side. The margin of defeat would have been considerably reduced had the Guy's tackling been as sure as it has been in recent games. As it was, at least three of the Birkenhead Park tries could have been prevented by competent tackling.

The Guy's pack has now become a very efficient unit, and played up to its usual high standard throughout this game. Nicholas and Boyd combined well at half-back, and the latter was quite content to set his line moving rather than try anything spectacular himself. None of the Guy's three-quarters enhanced their reputations in this match except perhaps Hawley. He is in the difficult position of knowing that if a break is to come it must be from him, as little penetration exists elsewhere along the line. In consequence his game suffers somewhat, as he is forced to try to go through gaps that are not there. However, he did make two or three very exciting runs in this game. Pagliero had a mixed day at full-back. Some of his touch kicking was very good, but only to be marred by some very uncertain efforts. Once again he provided Guy's only points with a long-range penalty, and in the second half made some forceful runs into the opponents' half.

Guy's kicked off into the sun, but within a few minutes Birkenhead Park began to press strongly, and kept play in the Hospital's half. The visitors soon scored when possession was gained from a set scrum about 10 yards from the Guy's line. Squire received the ball and cut right through to score. The try was converted.

They continued to do most of the attacking, and after Guy's had been penalized for an offence in a set scrum, were unfortunate not to increase their score. Indeed the kick at goal was successful, but a forward was in front of the ball as it was kicked. However, they were to score two more tries before the interval, both resulting from some very weak tackling by Guy's. The second of these came from a movement starting well inside the Park half, and was converted from near the touch-line.

Half-time score: Guy's 0, Birkenhead Park 13.

In the second half Guy's played rather better, and spent more time in attacking than in the first part of the game. The tackling tightened up for a while and the Park were held out until near the end. The Guy's pack executed some very fine wheels and take that gained a lot of ground.

Pagliero reduced Park's lead when he kicked a good penalty from about 35 yards, and shortly afterwards initiated a move that nearly brought a try when he gathered a kick at full speed and made a lot of ground before passing into the forwards. The movement was halted about 10 yards from the Birkenhead line. Gradually, Birkenhead got on top again and increased their lead when a big forward crashed through the line-out to score wide out. Towards the end of the game Woods, the visitors' outside-half, gained possession on his own 25, and ran almost to the Guy's line, brushing off tackle after tackle, before passing the ball to a companion who scored about half-way out. The try was converted.

Credit must be given to the Park three-quarters who always made ground with the ball, in marked distinction to Guy's who often found themselves losing ground after a passing movement.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, C. J. Wright, R. J. Parker; N. F. Boyd, J. R. D. Nicholas; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. R. Harris, D. R. A. Lloyd-Edwards, A. P. Buirski (capt.), J. D. Bryant.

ASSOCIATION FOOTBALL

Guy's v. R.N. College, Greenwich

Away 22nd October, 1958
Result—Lost 1-2

Guy's lost this most enjoyable game by the narrowest of margins and were undoubtedly very unlucky losers. Inability of the Guy's forwards to finish off excellent approach work, especially in the second half, was the sole reason for failure.

R.N. kicked off and attacked strongly in the early stages. Sustained pressure on the Guy's goal resulted in an early goal for the College. Guy's woke up so that the ball spent some time in the opponents' half of the field, but for the most part, until half-time, play was confined to mid-field. Following an infringement, a free kick taken by D. Smith, was headed into the net by a College defender to put Guy's on level terms. Thus stimulated, Guy's attacked strongly and were well on top from this stage until half-time. They should have gone ahead but Jaworski when well placed was too slow to take advantage following an excellent run by Wright. Shortly afterwards, a good through ball by Jaworski put Gibson in a fine scoring position, but his hurried low drive was inches wide.

The second-half went mostly in Guy's favour. Approach work by the forwards was a delight to watch but shooting ability was lamentably weak. However, Gibson was unlucky when a cross drive hit the upright and rebounded into play. Coyle, playing a most vigorous but intelligent game on the left wing, had the ball into the net but was ruled offside.

Then in a breakaway, disaster struck Guy's. A long shot by the R.N. left winger sailed via Parry's fingertips into the Guy's net to put us in arrears. A gallant effort was made to equalize but the R.N. defence held out.

The defensive play by Guy's was on the whole, good, Parry, D. Smith, and Missen particularly outstanding. Gann had a difficult time at right back especially when, at times, he had two opponents to keep in check. Palmer, having his first game unfortunately had a small helping of the ball so little was seen of him. Goals win matches and it cannot be stressed too lightly that some serious shooting practice is needed from all sections of the forward line.

Team: G. Parry; M. Gann, D. J. Smith; N. Clarke, H. Missen, C. Barratt; A. Palmer, I. Gibson, J. Jaworski, D. Wright, J. Coyle.

HOCKEY

Guy's 1st XI v. Kingston Grammar School

At Kingston 1st November, 1958
Result—Won 2-1

Played on a heavy pitch after overnight rain, but none-the-less a very enjoyable game which Guy's were lucky to win.

The first half was a ding-dong struggle with the defence holding the opposing forwards in check easily. The forwards never really settled down until half-time, and finishing in the circle was very poor. Towards the end of the first-half the backs were caught momentarily square and Kingston sent their centre-forward through the middle. Had it not been for the goal-keeper's quick intervention in meeting his attacker half-way across the circle a goal might well have resulted.

The second-half saw Kingston pressing for much of the time and they scored a well deserved goal, but the Guy's forwards had a break away soon after this when Liddiard scored following up a shot at goal.

The defence managed to keep the fast Kingston forwards out of our goal by quick tackling and in the last ten minutes Guy's rallied and besieged the Kingston goal after Bevan-Thomas had scored another runaway goal.

In summary it may be said that the side still lacks cohesion, but it is encouraging to see the standard of fitness improving. Now if we can work together at building a constant side which can put some tactics into practice and score goals our hopes for the cup will be high.

Team: A. Daryabegui-Guiliani; R. C. Lallemand (capt.), D. A. Wright; J. Sedgwick, M. E. Conybeare, M. O. Rake; D. Bevan-Thomas, R. Strickland, P. Liddiard, M. Steyn, A. Mackenzie.

Guy's 2nd XI beat Kingston Grammar School 2nd XI by 4 goals to 1 and now have a record of 17 goals for and 1 against in four matches.

Guy's v. Imperial College

At Harlington 8th November, 1958
Result—Lost 1-2

Guy's, below strength in the forward line and with a re-shuffled half-back line, found themselves in positional chaos through most of the first half. Imperial College played hard and their tactics were perhaps more suited to the wet heavy pitch.

Without adapting themselves to these conditions Guy's had to fight continuously to keep the opposition out of their circle. At half-time Imperial College led by one goal.

This was soon equalized after half-time when Guy's played better hockey and looked a more integrated side. However, they soon relapsed into a slower game with little tackling back and thoughtless passing. Imperial College scored again four minutes from time to make the final score 2-1.

Although there is enough potential talent in the side there seems at present a lack of combination between the various positions. Greater success will inevitably stem from short accurate passes and also firmer ball control amongst the forwards.

Team: A. Daryabegui-Guilani; R. Lallemand (capt.), D. Wright; M. Woodman, M. Conybeare, J. Smallshaw; S. Lal, R. Strickland, P. Liddiard, M. Blake, J. Sedgwick.

Guy's v. Gravesend

At Gravesend 15th November, 1958
Result—Lost 2-5

This was the most enjoyable game so far this season, played on a good pitch in bright sunshine, and it is perhaps significant that the side produced its best performance to date against opponents far superior to any met this season.

Guy's took ten minutes to settle down and after that the defence did well to hold the opposing forwards to one goal. This was achieved by tight individual marking, first time tackling and tackling back, and outstanding here were Smallshaw and Wright.

After half-time the Guy's forwards had several movements, two of which produced goals both scored by Liddiard. Up till fifteen minutes from the final whistle then Guy's led 2-1, but at this point the superiority of the opposing forwards came into its own, as they scored four quick goals.

The merits for the afternoon undoubtedly go to the halves, backs, and goalkeeper, who all played together as an integrated unit. It is disappointing, however, to see so little progress being made by the forwards now, after such a promising start to the season. The potential is there individually, but liaison with defence and amongst forwards themselves is poor; passing is late and ragged, and shooting is weak. Perhaps when the regular forward line can play together again some progress may be seen.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Department of Ophthalmology**, with attendance on two sessions per week. Duties will commence as soon as possible until 30th September, 1959, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **27th November, 1958.**

Applications are invited for the post of **Registrar in the Radiotherapy Department**; duties to commence as soon as possible. The post will be tenable until 30th September, 1959, in the first instance. Higher qualifications would be an advantage, but there would be opportunities for studying for the D.M.R.T. Parts I and II.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1. not later than **27th November, 1958.**

Applications are invited for the post of **Senior Registrar in the Department of Neurology** with duties from 1st January, 1959, until 30th September, 1959, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **27th November, 1958.**

GUY'S HOSPITAL MEDICAL SCHOOL S.E.1

Applications are invited for the **Greville Studentship** tenable at Guy's Hospital Medical School. The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, will hold the appointment until 30th September, 1960, renewable annually for a further period of three years. The Studentship is of the value of approximately £32 per annum.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **28th November, 1958.**

APPOINTMENTS

Michael D. Warren, M.D., D.P.H., D.I.M., Lecturer in Social and Preventive Medicine at the London School of Hygiene and Tropical Medicine, and at Royal Free Hospital School of Medicine.

D. Eric Sturdy has been appointed Senior Surgical Registrar to the Hospital for Sick Children, London.

GUY'S HOSPITAL MEDICAL SCHOOL

Hillman Prize in Haematology

October, 1958

The following award has been made :—

Miss J. M. Kubale—Prize.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

H. B. Anstall — D. N. Whitmore

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.
Primary Examination

D. W. Atkinson — W. E. Watson

L.D.S.
Final Examination
October, 1958

Surgery.—Part I

D. Allarakhsingh	G. B. Keeble
Roslyn M. Bain	M. J. Lightfoot
J. H. Bason	D. G. Lloyd
P. J. Beardon	A. R. Lynch
D. Bevan-Thomas	M. W. J. Older
C. W. V. Bullock	D. J. O'Grady
Daphne R. Bulwick	J. M. Murray
Lina R. Clapham	Edna M. Parkman
A. Collingham	Jill C. A. Ransome-Wallis
T. B. Dowell	
G. M. Edwards	K. G. Richards
I. D. Evans	R. S. Richmond
J. M. Evans	S. P. Robertson
B. A. Foster	D. B. Rosser
G. A. Fox	M. Rudge
M. T. Gain	A. C. E. Searle
D. H. Gibb	D. J. Simmons
C. G. Gordon	T. G. Tetlow
T. J. C. Hall	M. J. Verdon
Jill Hampton	G. R. Ward
W. O. Hargraves	Rosalind U. Ward
Annette Hasquencort	B. B. Warren
B. J. Heath	R. M. Watson
A. B. Hewitt	T. J. Wallace
K. G. Isaacson	D. S. Wedgwood
Josephine H. Jackson	M. B. Webb
J. M. A. Jones	Sheila J. White

Dental Surgery.—Part II

Madeleine V. Armour	Mary E. Maynard
P. Banks	S. C. Meakin
A. Blackler	J. C. V. Mitchell
J. C. Bradley	R. Naylor
A. J. Chapman	F. K. Oh
Ruth M. Cocker	D. M. Orlans
I. G. Creed	R. E. Potts
G. S. Crimp	T. H. Redpath
Marina J. Drage	D. A. Sabel
Jean R. Gibson	G. L. E. Savy
S. I. Humphreys	D. C. Sellman
D. C. Inman	I. A. Stuart
Marcella L. Kodicek	S. J. Whitten
E. J. L. Lefevre	C. G. M. Williams
A. H. Lewis	T. G. B. Wilson
G. J. Longson	M. J. Woodman
J. M. McCormack	R. M. Wynne Griffith
Irena K. Mausner	

NURSING NEWS

Entered :

Sister A. Fraser to *New Cross Theatres.*
Sister S. Skinner to *Guy's Theatres.*
S/N J. Grimsdale to *Nuffield A.*
S/N M. Hahnfeld to *Nuffield C.*
S/N R. Edgar to *New Cross.*
S/N E. Stoddart to *Victoria.*
S/N M. C. P. Johnson to *Surgery.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Campbell, Maurice. Late Results of Operations for Fallot's Tetralogy. *Brit. med. J.*, 1958, ii, 1175.

Cavanagh J. B. On Certain Small Tumours Encountered in the Temporal Lobe. *Brain*, 1958, **81**, 389.

Erskine, David. Lymphogranuloma Venereum. A review of 61 cases. *Brit. J. vener. Dis.*, 1958, **34**, 163.

Forman, Louis and Atkins, Hedley. Scleroderma and Carcinoma. *Proc. R. Soc. Med.*, 1958, **51**, 935.

Francis, R. C. Portable Drip Stand for Domiciliary Midwifery. *J. Coll. gen. Pract.*, 1958, **1**, 360.

Hallpike, C. S. and another. Discussion on Acoustic Neuroma. *Proc. R. Soc. Med.*, 1958, **51**, 889.

Jackson, Harris. Craniostenosis, Asymmetry and Growth of the Skull. *Med. Proc.*, 1958, **4**, 699.

Kerr, A. C. and another. Antibacterial Factors in the Secretions of Human Parotid and Submaxillary Glands. *Brit. dent. J.*, 1958, **105**, 321.

Kinder, C. H. and another. Hunner's Ulcer. *Brit. J. Urol.*, 1958, **30**, 338.

Lawrie, Rex. Minor Surgical Procedures XII—Circumcision. *Practitioner*, 1958, **181**, 650.

Marsh, Frank. Second Bacteriological Study from a Maternity Hospital. *Brit. med. J.*, 1958, ii, 1204.

Penikett, E. J. K. and Gorrill, R. H. The Integrity of Surgical Gloves Tested during use. *Lancet*, 1958, ii, 1042.

Price, T. M. L. The Management of Pneumonia Today. *Med. Pr.*, 1958, **240**, 1070.

Ross, D. N. and another. Surgery of Atrial Septal Defects. *Brit. med. J.*, 1958, ii, 1130.

Shephard, R. J. Partitional Respirometry in Human Subjects. *J. appl. Physiol.*, 1958, **13** (November).

Shephard, R. J. Breath-holding Measurement of Carbon Monoxide Diffusing Capacity. Comparison of a Field Test with Steady-state and other Methods of Measurement. *J. Physiol.*, 1958, **141**, 408.

Shephard, R. J. and others. Measuring Human Reactions to Air Pollution. Monograph 4. Franklin Institute. Pa. 1958.

Shephard, R. J. and others. Critical Evaluation of a Filter-strip Smoke-sampler used in Domestic Premises. *Arch. industr. Hlth.*, 1958, **17**, 236.

Shephard, R. J. and others. Evaluation of a Portable Box-bag for Field Testing of Pulmonary Diffusion. *J. appl. Physiol.*, 1952, **12**, 79.

Shephard, R. J. and others. Field Testing of Pulmonary Dynamics. *J. appl. Physiol.*, 1958, **13**, 189.

Stocker, A. H. and others. The Health Centres of Harlow. The Second Phase. *Lancet*, 1958, ii, 1055.

Sturdy, D. E. and another. Intestinal Obstruction in Pregnancy due to Volvulus of the Cæcum and Ascending Colon. *Brit. J. Surg.*, 1958, **46**, 183.

Watson, J. N., Hart, R. D. C. and another. A New Surgery for a Group Practice of Three Doctors. *J. Coll. gen. Pract.*, 1958, **1**, 356.

Zorab, E. C. Discussion on Erysiphake Extraction of Cataract. *Proc. R. Soc. Med.*, 1958, **51**, 924.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Required

ASST. DENTAL SURGEON. Essex Coast Resort. Assistant dental surgeon wanted with or without view, for busy practice on sea front, own surgery and attendant. Good salary. Box No. 161.

For Sale

BOOKS. Emigrating doctor has for sale A.A. Road Books, Scotland, and England and Wales, various road maps as one lot. Also complete surgery furniture, view now S.E. London available January, 1959. Box No. 160.

CHRISTMAS CARDS (Guy's) are available in the *Gazette* Office, 16, St. Thomas's Street, prices 2/6 to 7/6 per dozen. Postage and packing 1/- extra per dozen.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

K. V. Anderson, M.D., 19, Melrose Avenue, Beulah Park, S. Australia.

V. H. Bartley, M.B., B.S., 3840 Reemelin Road, Monfort Heights, Cincinnati 11, Ohio, U.S.A.

L. P. Balfour-Lynn, M.A., M.B., B.Ch., 26, Welbeck Street, W. 1 (WEL 2503); 1, Weech Road, Hampstead, N.W.6 (HAM 5400) (private address).

R. I. Muir, M.B., B.S., 6, Avondale Road, Exmouth, Devon.

Michael Roberts, M.A., M.B., B.S., Department of Pharmacology, Yale University School of Medicine, New Haven, Conn., U.S.A.

BIRTHS

BARTLEY.—On 19th October, 1958, at Good Samaritan Hospital, Cincinnati to Daphne (née Hewitt, S.R.N.), wife of Vernon H. Bartley, M.B., B.S., a daughter (Janet Susan).

BURKE.—On 28th October, 1958, at Baldock, Herts., to Joan (née Kennelly) and Peter Burke, L.D.S.R.C.S., a daughter (Angela Mary) a sister to Brian.

CRAFT.—On 9th November, 1958, to Pat, wife of Michael Craft, of Balderton Hall, Newark, a boy (Robert), brother to John, Roger, Susan Jane and Jennet.

WALLACE.—On 22nd October, 1948, at 39, Gunnergate Lane, Marton, to Ruth and Kenneth Wallace, M.B., B.Ch., a son (Paul Dominic), a brother for Mark and Clare.

MARRIAGE

PITT-PAYNE—WALKER. On 8th November, 1958, at St. John's Church, West Wickham, Kent, Bruce Pitt-Payne, M.R.C.S., L.R.C.P., to Dawn Claire Walker.

DEATHS

FOLEY.—During February, 1957, John Foley, B.Sc., M.R.C.S., L.R.C.P., of 20, Monash Parade, Deewhy Beech, N.S.W.

MACDONALD.—On 5th November, 1958, at Nuffield House, Kathleen Marie, wife of Mr. D. M. Macdonald.

REES.—On 29th October, 1958, Howell Parker Rees, L.D.S.R.C.S., of 21, Haven Green, W.5.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1836 *6th December* 1958 *One Shilling*

PASSIM

RICHARD BRIGHT was born on 28th September, 1789, at Bristol, one of ten children of a banker. After an early private education he matriculated in the faculty of arts at Edinburgh in 1808, winning the mathematics prize. He then entered the faculty of medicine and studied under Duncan, Munro and Hope. In 1810 he accompanied Sir Charles Mackenzie on his expedition to Iceland, and on his return contributed a section on fauna and flora to Mackenzie's account of their travels. For nearly two years, 1810-1812, he was a student at Guy's, and among his teachers was Sir Astley Cooper, from whom he may have derived his lasting interest in morbid anatomy. He graduated at Edinburgh in 1813, and in his graduation thesis, "De Erisipelate Contagioso", he referred to the similarity between erysipelas and puerperal fever and stressed their contagious nature. During the next few years he travelled extensively on the continent; but in 1820 he returned to London, and in the following year was elected Fellow of the Royal Society. In 1824 he was appointed physician to Guy's Hospital and became associated with Addison, Babington and Hodgkin. His "Reports on Medical Cases . . .", published in 1827, contained the famous account of renal disease, in which he pointed to the association between dropsy, coagulable urine and hardened kidneys, also remarking on the excess of urea in the blood of these patients. This work was later summarised in the *Guy's Hospital Reports* of 1836. An article by Mr. G. A. R. Winston on Bright's other medical writings will appear in our next issue. His interests outside medicine were many and varied, products of his early education and travels, and included among them a lasting attachment to botany and geology. Bright impressed his contemporaries by his reluctance to speculate, his great powers of observation, and his deft, accurate descriptions of what he saw. The last, combined with his excellent draughtsmanship, earned him Sir Samuel Wilks' tribute; "He photographed pictures of disease for the study of posterity." He was also one of the first to introduce methods of quantitative analysis into routine medical practice. Of Bright's personal character W. S. Thayer* has written; "He was a simple, straightforward, kindly man who met life with charity, tolerance and serenity; a conscientious, painstaking physician; a patient, modest, scrupulous, time-taking, thoughtful student. He became a learned and wise man, and the fruits of his labours earned him a well merited and an honourable immortality."

*Bright Oration (1927). *Guy's Hospital Reports*, LXXVII.

He retired from the staff of Guy's in 1842 but continued in consulting practice until his death on 16th December, 1858. The verdict of his contemporaries was given in his obituary notice in the *Lancet* (a journal that had not hitherto treated Bright or his work with much kindness); ". . . he has contributed more than, perhaps, any other to form the medical opinion of his day . . . he was foremost to perceive that the progress of medical science must now greatly depend upon the successful study of pathological changes." And in the *Edinburgh Medical Journal*; "There were many cleverer men than he in London; but among all the three millions there was no man more honest, more pure, more sound in judgment, more warm hearted and sympathetic, more clear headed and far seeing, and above all, more sure to be right in the end."

The Bright Centenary was marked on 1st December by a Combined Round at which three cases of "Bright's Disease" were presented, and by the Bright Memorial Lecture which appears in an abridged form in this issue. Professor M. L. Rosenheim, Director of the Medical Unit at University College Hospital, spoke to an illustrious audience; Professor Robert Platt, P.R.C.P., was in the chair. Guests included the President of the Royal College of Physicians of Edinburgh, Dr. A. R. Gilchrist, and Professor D. M. Dunlop, Senior Physician at Edinburgh Royal Infirmary (Bright first qualified with the M.D. of Edinburgh University). The original specimens collected by Bright were on view in the Gordon Museum, together with published works, manuscripts, and other *memorabilia*. Later Dr. A. C. Hampson took the chair at a dinner, given by the Medical School for the guests, at the Royal College of Physicians.

As we go to press we hear with great pleasure that the Governors have appointed as Assistant Thoracic Surgeon to the Hospital Mr. D. N. Ross, who at present holds the post of Senior Thoracic Surgical Registrar. We speak for all at Guy's in congratulating him most cordially.

The Anatomical Society of Gt. Britain and Ireland held its Autumn meeting at Guy's on the 28th and 29th of November. Several papers were read by members of the Guy's anatomy department, and among the demonstrations was a display of the possible uses of colour television in anatomical teaching. This item was both interesting and instructive, although the quality of the colour was not at first as good as it can be. A film, "An Introduction to Human Dissection", made jointly by members of the anatomy department and Mr. C. E. Engel, was also shown to the Society.

We note with pleasure that Dr. D. P. Stevenson, who was until recently the Deputy Secretary of the B.M.A., has been appointed Secretary of the Association in succession to Dr. Angus Macrae, while another Guy's man, Dr. D. L. Gullick, has been appointed as an Assistant Secretary. We offer our congratulations to them both.

Classicists will probably allow the translation of *prospectus* as a look before leaping. The Medical School prospectus is rather chilling with its photographs of bleak laboratories and empty sitting rooms, and its lists of lectures and examinations; it is just as well that the welcome extended to prospective students by the Staff of the Medical School Office is of a warm and friendly nature which remains long in the memory. We are far more impressed by the attractive new prospectus for the School of Nursing, which without glamorizing the exacting life of a nurse, gives a vivid and attractive glimpse of the Hospital as it will greet intending newcomers. It does this by blending the essential information with a profusion of admirably chosen photographs, which show groups of charming nurses obviously enjoying their work and relaxation. We congratulate those who have produced this glimpse of nursing at Guy's, and recommend it to sisters, cousins and aunts who think, however tentatively, that nursing may be their métier.

We congratulate Mr. George Preston, retiring Chairman of the Students' Union, upon his election as Chairman of the London Region of the British Medical Students' Association. We raise a further patriotic cheer for our Assistant Editor, Mr. David Landon, who has taken on the duties of Assistant Editorship of the *British Medical Students' Journal*. This journal will appear three times in his year of office, but any similarity of content to any three of the next twenty-six *Gazettes* will be entirely fortuitous !

GUY'S DIARY

DECEMBER			
			Exhibition. Department of Surgery. *Bone Tumours.*
6th	S		Rugby. 1st XV *v.* Coventry. (Coventry.)
8th	M	1.00	Dr. P. J. Helliwell. Clinical Lecture. *Modern Trends in Anaesthesia.*
10th	W	4.45	Staff Science Club. Dr. G. A. K. Missen. *The Pathology of Giant-cell ("Temporal") Arteritis.* Chairman, Sir Charles Symonds. Staff Common Room. (Tea 4.30 p.m.)
12th	F	1.00	Dr. E. R. Boland. Clinical Lecture.
13th	S		Rugby. 1st XV *v.* Old Cranleighans. (H.O.P.)
15th	M	1.00	Sir Russell Brock. Clinical Lecture. *Tumours of the Mediastinum.*
16th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
18th	Th	1 00	Mr. F. N. Glover. Clinical Lecture.
		8.45	Service of the Nine Lessons and Carols. Guy's Hospital Chapel.
19th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Gall Stones.*

NOTICE

THE WILLS LIBRARY

Periodicals Missing

The periodicals listed below are missing from the Wills Library and the borrowers are urged to return them to the Librarian without delay.

American Journal of Medicine 1957, Vol. 23, No. 5.
Annals of Surgery 1957, Vol. 145, No. 6.
Archives of Internal Medicine 1956, Vol. 97, No. 2.
Journal of Obstetrics and Gynæcology of the British Empire 1957, Vol. 64, No. 1.
Physiological Reviews 1957, Vol. 37, No. 2.

THE SYNDROMES OF BRIGHT'S DISEASE

By PROFESSOR M. L. ROSENHEIM, *C.B.E.*, M.D., F.R.C.P.
Director of the Medical Unit, University College Hospital

Abridged from the Richard Bright Memorial Lecture, delivered at Guy's Hospital Medical School on Monday, 1st December, 1958.

WE are met together this evening to do honour to the memory of one of Guy's greatest sons and one of Britain's most distinguished clinicians. 100 years have passed since the death of Richard Bright, first scientific investigator of renal disease. I am deeply sensible of the great honour which your School and your Dean have paid me by entrusting to me the task of giving this memorial address. I am also only too fully aware of my inability to do adequate justice to this important occasion.

Richard Bright was born in Bristol in 1789 and his early career must fill the senior registrar of today with envy. Matriculating at Edinburgh in 1808, he first entered Guy's as a clinical student in 1810. He obtained his first medical degree, that of Doctor of Medicine, at Edinburgh in 1813, three years before he became a licentiate of the Royal College of Physicians. He was appointed to the staff of Guy's as Assistant Physician in 1820, at the age of 31, and in the same year he became a Fellow of the Royal Society. Many people have discussed his life and work, none more brilliantly or more fully than Dr. W. S. Thayer, Emeritus Professor of Medicine at Johns Hopkins Hospital, when he gave the Bright Oration at this hospital in 1927.[18] This was on the occasion of the centenary of the publication of the first volume of Bright's famous Reports on Medical Cases, in which his observations on patients with renal disease were first recorded.[1] When we read these striking case histories, so detailed, so full of clinical and therapeutic observations, the patients almost seem to live again as we follow their progress, usually to death and to the account of the post mortem illustrated by fine drawings of the kidneys. His biographer in the Rolls of the Royal College of Physicians says that "Upon each and all of the varied subjects treated in this work, Dr. Bright showed the most sagacious observation, untiring industry, and wonderful powers of investigating truth, the end and aim of all his work".[13] Bright retired from the staff of Guy's Hospital, on account of ill health in 1843, at the age of 54, but he continued his consulting practice and died, at the age of 69, on 16th December, 1858. He was buried at Kensal Green and a memorial tablet was placed in St. James's Church, Piccadilly, where it survived the blitz and can be seen today.

When I went to see this plaque, the Rector of St. James's Church, The Reverend J. S. Brewis, showed me, nearby, another memorial, to the memory of Sir William Bowman. Bowman, who lived from 1816-1892, was a most distinguished physiologist and ophthalmologist, a surgeon at King's College Hospital and Professor of Physiology and of General and Morbid Anatomy at King's College. He described Bowman's Capsule in 1842.[4] We may therefore assume that, at the time when Bright was seeing most of his renal cases, little was known about the minute structure of the nephron and still less about renal function. In the first edition of Gray's Anatomy, however, published in the year of Bright's death, there is an almost modern drawing of the nephron and of its blood supply.

Biochemistry, as well as histology, was in its infancy when Bright was making his observations. It is humbling to realise that urine was then normally tested by being exposed, in a spoon, to the heat of a candle, and was referred to as "coagulable" when protein was present. Yet Bright and his colleagues appreciated that kidney disease was often associated with a low concentration of urea in the urine, that urea might be detected in the blood and that the amount of albumen in the blood might fall.

Bright was not the first to describe diseases of the kidney, nor to appreciate the frequent coincidence of œdema and albuminuria, but he was the first to collect and publish a series of observations on patients who had both albuminuria and œdema and to draw certain sweeping generalizations. Thus, in his first volume, he says;—

"I have never yet examined the body of a patient dying with dropsy attended with coagulable urine in whom some obvious derangement was not discovered in the kidneys".[1]

By careful clinical observation correlated with post mortem findings, Bright described what we now call the medical diseases of the kidney. He collected together and studied patients with albuminuria, he followed them through the course of their disease and recognized various systemic effects of chronic renal disease and failure. In particular he appreciated that patients with severe renal disease often had hypertrophy of their left ventricle. I should like to give you two further quotations from his writings.

The first occurs again in Volume I when, after describing the case of William Bonham, aged 55, who died with very small granular kidneys and marked enlargement of the left ventricle, he goes on to say that:—

"The enlarged state of the heart would seem to bespeak some cause of obstruction to the circulation through the system beyond what we discovered . . . "[1]

In 1836, in the first volume of Guy's Hospital Reports, reviewing his observations on cases of renal disease accompanied by the secretion of albuminous urine, Bright records 100 cases, analyses the evidence for the presence of heart disease and reports 22 in whom no organic cause was found to account for the presence of left ventricular hypertrophy. He says that:—

"This naturally leads us to look for some less local cause for the unusual efforts to which the heart has been impelled; and the two most ready solutions appear to be, either that the altered quality of the blood affords irregular and unwonted stimulus to the organ immediately; or that it so affects the minute capillary circulation as to render greater action necessary to force the blood through the distant subdivisions of the vascular system".[2]

This deduction, many years before the introduction of the sphygmomanometer, and long before the appreciation of the frequency of systemic hypertension, is one of Bright's greatest claims to fame.

Disease or Syndrome

It is unfortunate that the name of this distinguished clinician and pathologist should have been perpetuated in the term "Bright's Disease" for, by modern connotation, Richard Bright did not describe a disease but a series of syndromes. There is, in fact, no reason to believe that Bright himself thought that all his patients suffered from the same disease. In his first volume, describing the stages of renal involvement, he states that he has been "led to believe that there may be several forms of disease to which the kidney becomes liable in the progress of dropsical affection" and that "it is by no means improbable that we shall hereafter find many other sources of renal irritation to be connected with an analogous state of the urine".

Indeed Bright collected a remarkable assortment of clinical cases and, as one reads his case reports, it is easy to pick out the boy with classical acute nephritis, patients with the nephrotic syndrome, those with essential hypertension or cor pulmonale, a patient with sub-acute bacterial endocarditis and a girl with tuberculosis dying of amyloid disease. Many of you will remember how, in 1933, Dr. Osman was able to demonstrate histological evidence of amyloid in one of Bright's specimens in the museum.[14]

It is, as I have already said, unfortunate that the term Bright's Disease should have been so rapidly and widely accepted, especially since it was early recognized that it covered many different conditions. We now regard a "disease" as being a distinct clinical entity, of known ætiology and pathology, and, whether the clinician uses "Bright's Disease" as a general name for all clinical forms of nephritis, or the pathologist for all cases of small contracted kidneys, the student of medicine inevitably acquires a false impression of unity. This impression has not always been dispelled by the complicated classifications propounded by clinicians and pathologists alike.

A syndrome may be defined as a combination of symptoms and signs producing a characteristic clinical picture that may result from many differing causes. The recognition of a syndrome may therefore direct attention to the disordered function of an organ without indicating the ætiology of the disturbance. It is evident that Bright, by his careful observation of patients with albuminous urine, was able to identify certain common associations or syndromes.

Today, while recognizing that the kidneys are directly affected by many disease processes, we also appreciate that both their function and their structure may be disturbed by pathological and biochemical disturbances elsewhere in the body. While renal failure often follows fibrosis and contraction of the kidneys, it may also occur in association with electrolyte disturbances such as are present in advanced pyloric stenosis. The clinical picture of hypertension associated with a low plasma potassium occurs in chronic pyelonephritis, but may also result from the presence of an aldosterone-secreting tumour in the adrenal cortex. We realise also that there is often no close correlation between the clinical picture of disordered function and the pathological findings. We are beginning to appreciate the importance of the time factor in the production of histological change, and the possibility of reversal of such change. The time factor is clearly important in the tubular vacuolation of the potassium-depleted kidney, in the reversible hydropic swelling of the tubular cells in gross diuresis, and in the fibrinoid necrosis of the arteriolar wall that supervenes in the malignant phase of hypertension.

Many clinicians and pathologists have attempted to classify the diseases of the kidney. I shall not be so foolhardy, but would rather now consider some of the syndromes of Bright's Disease, syndromes that occur in the course of many differing diseases of the kidney.

Acute Glomerular Damage

The presence of red cells with an excess of protein in the urine in the course of an illness often indicates acute glomerular damage; their persistence during the progress of a renal disease signifies continuing glomerular involvement.

Acute glomerular nephritis is a good example of a true disease entity. The glomerular damage consequent upon a sensitivity reaction that follows infection with a specific type hæmolytic streptococcus, produces a characteristic clinical picture with hæmaturia and albuminuria and with oliguria, often associated with sodium and water retention with œdema and hypertension. Such classical acute nephritis is becoming rare, but acute glomerular damage can be recognized in many other conditions; to mention only a few: the occurrence of red cells and albumen in the urine of patients with Henoch-Schonlein purpura, the urinary changes of leptospirosis, the embolic nephritis of subacute bacterial endocarditis, the glomerular lesions of polyarteritis nodosa and the interesting reaction of the kidney in radiation nephritis. Most of these are not accompanied by acute sodium and water retention, but each may closely simulate acute glomerular nephritis.

There is another condition to which I would draw your attention—the so-called Acute Focal Nephritis, in which frank hæmaturia occurs often at the height of a febrile illness. There may be single or recurrent attacks. This condition was well described by Volhard and Fahr[19], is recognized by our Chairman,[6] (Sir Robert Platt), but has been rejected as an entity by others[15] who regard it as a variant of acute nephritis.

I have recently seen a number of patients, all boys or young men, who have had repeated attacks of hæmaturia, usually related to a sore throat or fever. Œdema has not occurred. These patients tend to fall into the hands of the urologist and to have repeated cystoscopies and pyelograms, and they may only be rescued from this recurring hazard by renal biopsy which may demonstrate the existence of glomerular damage.

Patients with classical acute nephritis do not have recurrent attacks of hæmaturia and focal nephritis, which is badly named, appears to be more akin to the renal damage that occurs with Henoch-Schonlein purpura. While the prognosis of both is good, both conditions may, on occasion, apparently progress to permanent damage, to fibrosis and to renal failure. We are trying prophylactic oral penicillin in these patients in the hope of preventing further attacks.

The Nephrotic Syndrome

If acute glomerular nephritis is an example of a disease entity, the clinical picture that occurs most characteristically as the so-called Type 2 nephritis is a good example of a syndrome. This nephrotic syndrome comprises the association of severe albuminuria with a resultant low plasma albumen and hypoproteinæmic œdema, usually accompanied by an increase in the plasma cholesterol and lipoproteins. Many of Bright's patients probably had this syndrome and we realize today that it may be produced by a variety of diseases, the common factor being the loss of albumen in the urine.

The plasma albumen concentration depends upon the dynamic equilibrium

between the rate of synthesis of albumen and the rate at which it is metabolized in the body or lost in the urine. Œdema, in the nephrotic syndrome, tends to appear only when the plasma albumen has fallen below a critical level and patients may have albuminuria for months or even years before loss outstrips production and the full syndrome appears.

There are, of course, many causes for this syndrome but, in most cases, we can still not identify an ætiological factor, and to this group the label of Type 2 nephritis or membranous glomerulo-nephritis must still be attached. The syndrome may follow acute glomerular nephritis if severe albuminuria persists, it may occur in the course of diabetic nephropathy or in amyloid disease, it may complicate a collagen disease such as Disseminated Lupus Erythematosus or appear in the course of secondary syphilis or quartan malaria. Its association with thrombosis of a renal vein has recently aroused interest.

The observation that the nephrotic syndrome may occasionally occur following certain drugs such as Tridione (troxidone) and mercury, and that it is then reversible, raises two important issues; first the possible role of tubular damage in the production of proteinuria, and secondly the hope that a chemical or metabolic cause may ultimately be found to account for other instances of the syndrome, and that the damage may there again be reversible. The occasional complete remission of the syndrome, whether spontaneous or under therapy, would indicate that it does remain reversible until glomerular, vascular or interstitial lesions lead to progressive scarring.

In trying to assess the ætiology of the syndrome in the individual patient renal biopsy is again helpful,[10] and attempts are also being made to correlate biopsy findings with response to treatment. Most workers who have investigated their patients by biopsy have been impressed by the frequent finding of amyloid changes.

Renal Failure

There is no time this evening to discuss, in any detail, the advances in our understanding of renal function and of the biochemical and metabolic syndromes of renal failure. We recognize two main forms of renal failure. The first is the progressive failure associated with glomerular damage and the reduction of the number of functioning nephrons, and the second the fascinating genetic or acquired abnormalities of tubular function which may lead to severe metabolic disorders without a rise in the level of the blood urea. The distinction between the two is not absolute. Slowly progressive glomerular disease may be complicated by renal metabolic bone disease, while patients with genetic tubular disease may ultimately die of true renal failure.

The occurrence of various metabolic disorders in the course of chronic glomerular damage appears to depend upon the rate of progress of the disease, and this can often be correlated with the height of the blood pressure. It is in the syndrome of "Renal failure without hypertension" that progress is often slow, permitting the occurrence of severe normochromic anæmia, of bone disease and of other metabolic disturbances. The appearance of severe hypertension in a patient with renal failure often foretells an acceleration of the downward path, arteriolar changes leading to increased glomerular damage. Patients with severe hypertension and renal failure rarely develop bizarre metabolic complications.

Hypertension with Renal Failure

Davson and Platt[7] have reviewed a large series of fatal cases of renal disease and have drawn attention to the variety of conditions which may be called chronic nephritis. This term is often used for the clinical syndrome of "Hypertension with renal failure". This syndrome may be the final stage of an acute glomerular nephritis, of one of the other conditions, such as periarteritis nodosa, in which acute glomerular damage occurs, or it may follow the nephrotic syndrome. It may, however, also result from many other pathological processes; from severe essential hypertension, from chronic pyelonephritis, or from polycystic disease of the kidneys. The renal failure and hypertension that may accompany hyperparathyroidism appear to result from the long-continued excretion of an excess of calcium, and to the damage initiated by nephrocalcinosis. The use of the term chronic nephritis for this syndrome of hypertension and renal failure is misleading, for the syndrome covers conditions unrelated to true nephritis, while many patients with true chronic nephritis may have persistent albuminuria with neither renal failure nor raised blood pressure. The term chronic nephritis should be reserved for patients known to have had an

attack of acute nephritis or the nephrotic syndrome, and an attempt should always be made to identify the underlying ætiology in other patients with hypertension and renal failure.

Chronic pyelonephritis is now recognized to be one of the commonest causes of the syndrome of hypertension and renal failure, and of scarred fibrotic kidneys. The importance of chronic pyelonephritis was first stressed by Longcope and Winkenwerder in 1933[12] and experimental work in animals, of which Dr. De Navasquez here is such an excellent exponent,[8, 9] has demonstrated how focal areas of inflammation in the kidney are followed by slow and irregular contraction. In the experimental production of true pyelonephritis not only infection but also stasis produced by an obstructive element are required, and chronic pyelonephritis in man often complicates congenital or acquired anomalies of the urinary tract.

Radiology is now able to assist in the differential diagnosis of this condition for, by straight X-ray of the abdomen and by pyelography, it is possible to recognize the coarse asymmetrical narrowing of the renal cortex and the blunting of the calyces that are characteristic of this condition. Pyelonephritis is often unilateral and, even when bilateral, does not usually affect the kidneys equally, so that a difference in renal size may commonly be detected. In true nephritis or in the contracted kidneys of essential hypertension the kidneys are usually equal in size.

Chronic pyelonephritis may or may not be associated with hypertension and it is probable that specific histological changes, indicative of ischæmia, can be correlated with the occurrence of a raised blood pressure.[5, 11]

Hypertension without Renal Failure

If I may digress for a moment, you will remember that after Bright's original observations, hypertension was at first considered always to be related to renal disease, and it was only at the turn of the century that the frequency and significance of essential or primary hypertension were appreciated; a form of hypertension that might persist for years with little or no albuminuria and with no progressive renal failure—a syndrome of hypertension without renal failure.

Twenty-five years have elapsed since Goldblatt produced experimental hypertension by clamping the renal artery, and drew attention once more to the kidney as a cause of raised blood pressure. His work led to the appreciation that the syndrome of "hypertension without renal failure" might on occasion be due to unilateral renal disease. Pyelonephritis as opposed to true nephritis is often unilateral, and the majority of kidneys that have been surgically removed with relief of hypertension have been regarded till now as the seat of chronic pyelonephritis.

Hypertension without renal failure is extremely common. The vast majority of patients are suffering from essential hypertension, but we must appreciate again that this is a syndrome of multiple causation, and we must always be on the look out for ætiological factors that permit surgical relief of the hypertension. It is a clinical crime to overlook the presence of unilateral renal disease, a phæochromocytoma, Cushing's disease, an aldosterone-producing tumour of the adrenal cortex, or coarctation of the aorta. Hypertension in a child or young adult, hypertension in the absence of a family history, hypertension that progresses rapidly to the malignant phase are conditions that repay the most careful investigation. We are becoming increasingly impressed by the frequency with which unilateral or bilateral renal abnormalities are detected when hypertensive patients are fully investigated by modern methods.

At the present time there is some doubt as to whether the histological changes accepted as those of chronic pyelonephritis are always the result of infection. The urine may never have shown an excess of white cells or organisms and a history of recurrent urinary infection may be absent. Localized cortical contraction and fibrosis may follow on two other important disturbances—back pressure and progressive ischæmia.

Two recent advances in radiology have helped us to appreciate these further causes for contracted kidneys. The investigation of micturition in children by cine-radiology has demonstrated the occasional occurrence of reflux micturition; the presence of a lax ureteric orifice allowing the reflux of urine up the ureter on contraction of the bladder. These children develop progressive dilatation of the ureter and renal pelvis, while the cortex becomes progressively narrowed leading, in time, to renal failure.

The most exciting advance has followed the introduction of aortography, which permits not only the delineation of the renal arterial tree, but also produces the

nephrogram with a clear picture of renal outline and size. The use of this new diagnostic procedure has led to the recognition of the importance of vascular anomalies in the production of renal ischæmia and deformity, and where such anomalies are unilateral has demonstrated a further cause of the syndrome of hypertension without renal failure. Aortography is of very great value, but it is a potentially dangerous procedure and there must always be a good indication before it is undertaken. Poutasse[16], [17] has described a surprising variety of such vascular anomalies and has reported a number of patients whose hypertension has been relieved by arterial graft as well as by nephrectomy. He has laid down a list of indications for aortography with which we, at U.C.H., would agree.[17]

Conclusion

In 1842 Richard Bright requested, and was granted, special facilities for the observation and investigation of patients with renal disease. He was given the full use, for a period of six months, of male and female wards, joined together by a room used for the meeting of the physicians and pupils and for the registry of the cases, and a small laboratory communicating with this room. As Bright points out, this was the first experiment made in this country "to turn the ample resources of an hospital to the investigation of a particular disease by bringing the patients labouring under it into one ward properly arranged for observation".[3] This was the forerunner of special units and hospitals, and of the institutes run by the British Postgraduate Federation.

Today biochemical, histological and radiological methods are opening up new fields of study and are throwing new light on the varying syndromes of Bright's Disease. What fantastic changes have occurred in the hundred years that have passed since urine was heated in a spoon, up to today when the new pressurized column chromatographic apparatus devised by Moore and Stein leads to an automatic quantitative graphic record of the amino-acid content of the urine as it flows down a column of resin.

At the present time the resources required to be available for the adequate investigation of patients with Bright's Disease include the services of physicians and urologists, of clinical research workers and biochemists, of radiologists and morbid pathologists. Teamwork is essential, and the more complex cases of renal disease must be investigated in units that specialize in such studies.

The investigation and the treatment of the medical diseases of the kidney are becoming more and more exciting, more complex, but more rewarding. We can overwhelmingly agree with Richard Bright when he writes in the preface to the report of the cases collected in his special ward that this is indeed " . . . a disease than which there is certainly none which offers a more extended field for careful and well-directed observation".[3]

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RICHARD BRIGHT

Clinician, Clinical Investigator and Teacher

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"*A physician observing a disease in different circumstances, reasoning about the influence of these circumstances and deducing consequences which are controlled by other observations—this physician reasons experimentally even though he makes no experiments.*"—CLAUDE BERNARD, 1889.

DR. RICHARD BRIGHT, who died on the 16th of December, 1858, is recalled and honoured by most of us as the physician who first recognized the association of edema, proteinuria and disease of the kidney. Professor Jean Oliver notes that long before his death, he had achieved immortality[1] and has come down to us with a reputation that goes far beyond the eponymic fame by which he is recalled each day. Sir William Hale-White believed him to be one of the five or six great physicians of all time and wrote feelingly about his observations on renal disease: "Assuredly," he states, "this is one of the most wonderful series of papers in medical literature. A disease which presents symptoms of derangement of almost every organ of the body is unerringly ascribed to the kidney. We are shown how to diagnose it. Its cause, its symptoms, its treatment, and its post-mortem appearances are given with such a completeness and accuracy that after nearly a century no error has been detected in Bright's description."[2]

Richard Bright's contributions to medicine were much more important than the recognition and description of glomerulonephritis and the introduction of a laboratory test—urinalysis—into the routine and day to day examination of patients in health and disease. I have pointed out elsewhere that what he achieved places him second only to William Harvey in British and perhaps in world medicine. William Harvey is renowned because he introduced the scientific method into the study of medicine, but Richard Bright taught us how to investigate disease at the bedside.

The centenary of Richard Bright's death has been celebrated at Guy's Hospital, at the Harveian Society of London, at the Royal College of Physicians, at Presbyterian-St. Luke's Hospital in Chicago and in other parts of the world. His life and accomplishments will be recalled once more for us in many papers to be published in the *Guy's Hospital Reports*, in the *American Journal of Medicine*, and in other journals. Therefore I do not propose to describe his life in detail, but wish to recall some of his unique accomplishments which have special meaning for those of us who are Guy's men and for those who are also medical students at our hospital.

The publication in 1827 of his wonderful book, *Reports of Medical Cases Selected with a View of Illustrating Symptoms and Cure of Diseases by Reference to Morbid Anatomy*,[3] fired the imaginations of doctors all over Great Britain and Europe. George Johnson, pathologist to St. George's Hospital, wrote in 1845 that "there is, perhaps, no single disease which has excited more interest among all classes of the profession than that form of renal degeneration, the existence of which was first made known by Dr. Bright and which has been named after that distinguished physician".[4] This interest was also kindled on the Continent, and Pierre Rayer in 1839 reviewed the large body of contemporary literature on Bright's Disease in his famous three-volume text on the kidney.[5] In London, Bright gathered around him William Bowman, Joseph Toynbee, George Robinson, George Johnson and

J. Franz Simon—all of whom were actively engaged in the study of the kidney in health and disease, and all of whom were closely tied together by affection for Bright, whom they acknowledged as their leader and mentor.

Bright's methods of clinical research called for close observation of the patient and his illness at the bedside and in the clinic. He investigated the chemistry of their urine and blood during life and studied the morbid changes in the tissues after death—grossly, by nephron dissection and with the microscope. He used this corpus of facts to test his hypotheses and to explain the phenomena and processes of disease.

To achieve his objects he developed a team of clinicians and chemists to help him, organized the first clinical research unit in wards devoted entirely to clinical investigation, collaborated with his colleagues outside Guy's Hospital to develop new techniques to study the pathology of the kidney, and used medical students to help him with his observations.

Bright's team at Guy's Hospital consisted of his chemist, Dr. John Bostock, best remembered as the physician who first described hay fever—being himself the patient—and Drs. Barlow, Babington and Rees. Rees had worked under Bright when he was a medical student. He and a number of other students, among whom were Anderson, Barlow, Gorham and Tweedie, made surveys of the incidence of proteinuria in the hospital population under Dr. Bright's supervision while they were students. Drs. Addison and Hodgkin, whose eponymic fame is known to all, were friends and colleagues of Bright, and they were intimately connected with his work.

Through Richard Bright the name of Guy's Hospital became known to all the medical world and its position as the most famous British centre of medicine and medical education was kept alive by the impetus he gave to his contemporaries and to those who followed him.

John Ryle[6] points out that Bright's influence on medical thought and teaching at Guy's Hospital made itself felt on successive generations in various ways. Partly through the lustre of his name and partly through his relationship with Drs. Addison and Hodgkin, a famous line of physician pathologists developed during the next 60 years, who "carried on a tradition of faithful observation and record at the bedside, pursued and completed whenever possible in the post mortem room". Among these men were Golding Bird, who wrote a book on urinary diseases and was one of the first to make systematic analyses of urinary calculi; F. W. Pavy[7] and Walter Moxon[8] who described orthostatic albuminuria; and J. C. W. Lever,[9] the obstetrician, who discovered that albuminuria was associated with puerperal convulsions and laid the foundations of our knowledge of eclampsia.

They were followed by Sir Samuel Wilks[10] and Drs. Gull and Sutton[11] who had recognized by 1870 that certain cases of Bright's disease presented marked arterial changes which were found post-mortem in those with cardiac hypertrophy. As a result of careful anatomical and histological researches, Drs. Wilks, Gull and Sutton established for the first time that a disease of the arteries and capillaries existed in which early morbid change was attended with hypertrophy of the heart, but in which the kidneys were but little if at all affected. This was the first time essential hypertension had been recognized, but it was left to Dr. Frederick Akhbar Mahomed to give us the first detailed and complete clinical picture of essential hypertension—a disorder which he called "Bright's disease without albuminuria".[12]

Richard Bright and Supervised Clinical Research by Medical Students

Richard Bright was also a talented teacher of medicine. Bright laid down principles for the training of doctors which we cannot afford to neglect today. He believed with Francis Weld Peabody[13] that "medicine is not a trade to be learned but a profession to be entered". He lectured to students, but he was essentially wedded to bedside teaching. In his writings on medical education, [14], [15], [16] he stressed the need to work in the wards with the sick; the importance of continued observation of common clinical phenomena; the necessity for regular and repeated visits to those suffering from acute disease; and the fundamental importance of the study and interpretation of symptoms. He made innovations. He provided laboratories *in the wards* for students to work in and used clinical research to instruct his pupils. In this matter he was also a century ahead of his time.

Francis Weld Peabody, the great Harvard physician and humanist, wrote a little book of Essays, *Doctor and Patient*, which has had a tremendous influence on the development of medicine and medical teaching in the United States since it was published in 1930. In it he discussed the training of the medical student and wrote that "When schools and hospitals do their full duties their graduates will have had

an opportunity to study disease intensively, checking and controlling their bedside observations by a variety of exact laboratory investigations. Such an experience will enable them to correlate the clinical manifestations of disease with the underlying physiological processes, so that they can subsequently understand and interpret disease . . . " It has now become commonplace for medical students in the United States to carry on supervised clinical research as part of their medical education. Last year, 100 years after Bright stopped teaching, a symposium at the national meeting of the American Federation for Clinical Research dealt with "Research as Part of the Medical Curriculum". At that meeting, those of us who enjoy working on clinical problems with their medical pupils—as Richard Bright did—were pleased to hear what Dr. Vernon Lippard, the Dean of Yale University School of Medicine, had to say about Bright's innovations. He told us that student research was an integral part of the Yale curriculum, that the standard of work was high, and that 29 per cent. of the students' investigations have been published in scientific journals. "It is our contention," he said, "that opportunity to explore critically the literature in a limited field, to learn something of the experimental method, to bring an investigation to conclusion and write a report, to know the strengths and limitations of biological research, to have curiosity stimulated, and to work intimately with the faculty enhances the competence of a physician. We do not believe that the same results can be obtained when research opportunities are presented on an elective basis."[17]

I am very glad to be a follower of Richard Bright in this regard. Richard Bright enjoyed working with his "young friends and pupils". He supervised their work, he trained them at the bedside and in the laboratory, and he encouraged them to present their findings at meetings of learned societies and to publish their results in medical journals. In turn, they loved him and eulogized him.

Supervised clinical research promotes good habits in budding doctors. It teaches close observation of the patients and of disease. It inculcates a spirit of inquiry, it trains men to be critical, and it shows them how to use the library and medical literature as instruments for the study of disease which they can employ throughout their professional lives. Obviously, clinical research by medical students should never supersede the thorough, practical training we give them at Guy's, but when married to skill in the examination and care of the patient, it adds a vitality to one's medical life which can be obtained in no other way.

Richard Bright's Research Unit—"The Clinical Wards"

To the clinician, the real impetus to new investigations is the patients he cares for. Those of us who are clinical investigators enjoy the study of the patients at the bedside because it is from controlled observations of them that we begin to understand both physiology and pathology. In fact, it appears to me that accurate physiological interpretation of the phenomena of disease has become the common intellectual pursuit of modern clinicians and there are those who believe that the continuing development of medicine as a science depends on the success with which this is achieved.

Richard Bright did not have a hemoglobinometer, a sphygmometer, or cardiac catheters; but he had an insatiable inquisitiveness about the natural history, development, and dynamics of progressive renal disease. We find him time and again seeking rational causes for clinical facts.

This desire to understand and explain the functions of the body in health and disease is evident throughout his writing, and it was this characteristic above all others, I believe, which impelled the medical staff in 1842 to set aside two wards at Guy's Hospital for Clinical Research.[18, 19]

Bright writes about his unit as follows:—[20]

> "The few following pages will be found to contain the record of the first experiment which, as far as I know, has yet been made in this country to turn the ample resources of an hospital to the investigation of a particular disease, by bringing the patients labouring under it into one ward, properly arranged for observation.
>
> "Our establishment then consisted of a female ward with 18 beds; a male ward with 24 beds; a room between the two wards for the meeting of the Physicians and Pupils, and for the registry of the cases; and a small laboratory communicating with the middle room, fitted up and decorated entirely to our purpose.
>
> "The objects which we proposed to ourselves were, to examine, as far as it was possible, the changes which accompanied the secretion of albuminous

urine in the various functions and secretions of the body; whilst at the same time we registered the various circumstances connected with the origin, progress, and treatment of the disease—a disease than which there is certainly none which offers a more extended field for careful and well-directed observation".

The unit was also used for teaching students, and Barlow[19] notes that the wards were "expressly devoted to the purposes of bedside instruction and observation". They became known as "The Clinical Wards", which title was later contracted to "Clinical". Unfortunately they were gradually debased over the years into training wards for the newly qualified doctors—chosen to be the house staff of Guy's Hospital—in which they played a useful role. However, with the coming of World War II this special use of Richard Bright's wards was also discontinued.

The Chair of Experimental Medicine at Guy's Hospital

It is a good omen for our hospital that in this centenary year of Richard Bright's death we are setting aside in the hospital for a second time, a ward designed like his for the investigation of disease in man. It is an even better omen to have in the hospital a University Chair of Experimental Medicine and a Guy's man as the Professor to fill the Chair. I do not know any better way to celebrate Bright's centenary than to rejoice in this development. Let us honour Richard Bright in this new unit by naming it once again "Clinical". Let us remember Bright's relations with his young pupils and friends. Perhaps once again we will see medical students at Guy's Hospital engaged in important investigations for the benefit of the patient.

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CURRICULUM VITÆ AND SELECTED BIBLIOGRAPHY*

RICHARD BRIGHT

Born: 28TH SEPTEMBER, 1789 Died: 16TH DECEMBER, 1858

1789: Born at Queen's Square, Bristol.
1808-10: Medical Student, Edinburgh University.
1810: Travelled to Iceland with Sir George MacKenzie. Wrote and illustrated the botanical and zoological parts of MacKenzie's *Travels in the Island of Iceland.*
1810-12: Medical Student—Guy's Hospital, London.
1812: M.D. (Edinburgh).
1813: Peterhouse, Cambridge University.
1813: Medical Pupil at the Public Dispensary (Dr. Bateman).
1814-15: Travels in Europe.
1816: L.R.C.P. (Lond.); Assistant Physician to the London Fever Hospital.
1817: "*On the Strata in the Neighbourhood of Bristol*", *Tr. Geolog. Soc. Lond.*, **4**, 193, 1817.
1818: "*Travels from Vienna through Lower Hungary, with some remarks on the State of Vienna during the Congress in the year* 1814", Edinburgh, Constable, 1818.
1819: Travels in Europe.
1820: Assistant Physician to Guy's Hospital, London.
1821: F.R.S.
1824: Physician to Guy's Hospital.
1827: "*Reports of Medical Cases selected with a view of Illustrating the symptoms and care of disease by a reference to Morbid Anatomy*", Volume 1, London, Longmans Rees *et al*, 1827.
1831: "*Reports of Medical Cases selected with a view of Illustrating the symptoms and care of disease by a reference to Morbid Anatomy*", Volume II, parts 1 and 2 (*Diseases of the Brain and Nervous System*), London, Longmans Rees *et al*, 1831.
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1832: "*On the Functions of the abdomen and some of the diagnostic marks of its disease*", The Goulstonian Lectures, *Lond. Med. Gaz.*, **12**, 281, 312, 345, 378, 411, 1833.
1836: "*Cases and observations illustrative of renal disease accompanied with the secretion of albuminous urine*", *Guy's Hosp. Rep.*, **1**, 338, 1836.
"*Tabular view of the morbid appearances occurring in one hundred cases in connection with albuminous urine*", *Guy's Hosp. Rep.*, **1**, 380, 1836.
1837: President, Royal Medico-Chirurgical Society, London.
Lumleian Lectures on Disorders of the Brain (unpublished).
Physician Extraordinary to Queen Victoria.
1839: "*Elements of the Practice of Medicine*", Vol. 1, London, Longmans, 1839 (with Thomas Addison).
1849: Montlyon Prize (Academie des Sciences de Paris).
1853: D.C.L. (Oxon.).
1858: Death from aortic stenosis.

* A more complete bibliography of Richard Bright's writings is given in Thayer's study of Richard Bright published in the *Guy's Hospital Reports*, **77**, 253, 1927.

CHRISTMAS CARDS

Guy's Christmas Cards are available in the *Gazette* Office, 16, St. Thomas's Street, prices 2/6 to 7/6 per dozen. Postage and packing 1/- extra per dozen.

Impressions of Lecturers—XI. Dr. Merivale

"THE CRUCIBLE"

By ARTHUR MILLER

Guy's Theatre Club Production

"The Crucible" is a tragedy based on historical fact; it is also very much a tract for the times. This can become clear in the unfolding of the play simply by reason of the force and tension of its construction, and the urgent sincerity of its presentation in the hands of competent actors. But the message was further underlined in this instance by the reproduction in the programme of a letter from the author to Mr. Jean-Pierre Voos, the producer, in reply to a characteristically enterprising overture on the producer's part, in which he invited Mr. Miller to be present at his play's performance at Guy's, or to offer comments and advice on how it should be presented if he himself could not be there. We understand that there was no lack of offers to escort the author's wife, should she in turn have found it possible to come to deputize for her husband.

The playwright's advice to his young and talented producer on this occasion was simple but compelling. "The thing to generate is terror, unreasoning yet remorseless trepidation on the part of everyone in the play. Disaster for each person must lurk just around the corner. Feeling and passion are what you must engender, not any air of the archive or even grandeur in itself. The last two elements will emerge automatically if you are faithful to the human impulses which lie in and between the lines."

It must be said without reservation of any kind that producer, cast and indeed all concerned with the production were entirely faithful to the human impulses written into the play, and therefore emerging in its unfolding. The producer himself capped an already remarkable *tour de force* in staging this challenging production and contriving for it a masterly décor in every set, by inserting right at the beginning one scene entirely of his own, in which the action which has taken place immediately prior to the author's own opening was revealed in a grotesque dance of gyrating girls in the near darkness of an imagined wood at midnight. Leading straight on from the shrieking climax of this powerful episode the rest of the play slowly gathered power and intensity in controlled and climactic development.

The story is based upon the infamous witch hunt in Salem, Massachusetts, in the year 1691-2. Two hundred and fifty people were arrested and tried in the course of this affair, after which nineteen victims were executed and one tortured to death. The evidence was chiefly supplied by a handful of children, girls approaching and entering adolescence, whose response to the sternness, eagerness, and authority of puritanical pastors and credulous judges, was to produce hysterical symptoms and behaviour which they then attributed to the Devil's power exerted over them by the victims whom they were encouraged to accuse.

The action of the play centres chiefly upon two key figures: the leader of the girls, and the honest, originally weak, but ultimately desperately and indestructably courageous man, whose wife she accuses of witchcraft so that she may regain the seductive power which once she held for the husband. As Abigail, the girl, Philippa Parker conveyed with gusto the mixture of immaturity and cunning, wide eyed innocence and malicious guile which enabled her to plunge the more recklessly into accusation whenever confronted with the opportunity of recanting. Stewart Cameron as John Proctor, the man who ultimately dies for a conviction which he thought he could renounce, when asked to sign his name to a false confession, made his impact increasingly and finally overwhelmingly in a part which I cannot imagine could have been better played, or more faithfully to the author's intentions or the producer's hopes.

Of the rest of the cast it is fair to say that there was not a weak link in the chain. The two parsons, the one greedy, vainglorious, and a powerful source of the underlying aggressiveness and hostility of his niece Abigail, the other well-intentioned in initial presumptuousness, but later overwhelmed by despair at the chaos and horror at which he finds he has connived, were admirably rendered by Michael Maberley and Tom Sherwood. Both, curiously enough, seemed to falter a little in their opening scenes in the first Act: both had established their grip of their parts by the second Act, and both were excellent in the third. Two older men, united in indignant suffering when their ageing wives were dragged helplessly into the whirlwind accusations of the children, were given beautifully sensitive portrayals by Ken Robertson and Michael Simpson. Judge Danforth,

the Deputy Governor, honest, stern and judicially incapable of believing that he could be bamboozled, was finely played by Roy Meadow. Richard Lewin etched in the part of Judge Hathorne with an irascible precision which made his characterization sparkle with diamond hardness and clarity. Of Anne Clayton as Elizabeth Proctor, the hapless wife of the doomed hero, it has been said that her interpretation of the part lacked colour. Personally I thought it admirably judged: she was after all a drab, wan, weary woman, always ailing and with little hope or heart for passion until almost too late in her life. She contrasted perfectly with the wanton Abigail who contrived her helpless ruin and her husband's death. It was left to her to speak his epitaph, in refusing ultimately to plead with him to trade his integrity for his life and her future.

"He hath his goodness now. God forbid I take it from him . . . ."

The last curtain can have found very few of the audience unmoved, and many indeed had experienced that purging and sense of identity and compassion in the human predicament which is the hallmark of true tragedy.

One could go on about this play at some length. The parallel between uneasy defensive aggressiveness, prejudice, and hysterical accusations leading to sickening and indefensible violence, lies close to the heart of many contemporary problems. Teddy Boys and race riots are but another version of the same human ills and indulgences which led the girls of Salem first to rebel in midnight revels, and then to break out in daylight denunciations and so induce a reign of terror throughout their world. A play of this symbolic magnitude needed extraordinary skill, sincerity and imaginative fire; and here it certainly received its due. Make-up was admirable, and the plight of the physically broken and morally numbed hero was pitilessly brought home. Many of the Senior Staff who were not present might have counted themselves lucky to have seen a production like this at twenty-five shillings a seat in the West End. The Theatre Club deserves brilliantly well of Guy's, and this tribute is but a fragment of the warmth, affection and support which its members should receive. D. S-C.

NOTICES

THE QUODLIBET SOCIETY

At the meeting of the Quodlibet Society, on Thursday, 13th November Sir Arthur Elton talked about "The Documentary Film." The speaker turned out to be most entertaining and fluent, as he deftly sketched the history of his art, and expounded the principles which he thought should guide it today. A delighted audience asked him many questions afterwards, which he answered to their satisfaction. Mr. Alan Lees was chairman.

GUY'S HOSPITAL ART SOCIETY

A meeting of the Art Society will be held in the Dental Theatre at 5.0 p.m., on Thursday, 11th December, when the following films will be shown:—

John Piper.
The Van Maegeren Forgeries.
Grandma Moses.

It is hoped that the film of Jackson Pollock at work will also be shown. Admission will be free, and all who are interested are invited to be present.

CHRISTOPHER MALLINSON,
Hon. Sec. Guy's Art Society.

GUY'S HOSPITAL THEATRE CLUB

Next Production, March, 1959

Auditions for "My Three Angels" a comedy, will be held on:—

Monday	8th December	5 p.m.—7 p.m.
Tuesday	9th December	5 p.m.—7 p.m.
Wednesday	10th December	12 p.m.—2 p.m.

in the Physiology Theatre.

RICHARD A. LEWIN, *Hon. Secretary.*

CORRESPONDENCE

Letter to the Editor of the Gazette

The New Surgical Wards

From the Superintendent

SIR,—I think it would be of interest to your readers to know that the Governors have decided that the ward names in New Guy's House will be as follows:—

7th Ward Floor	*Naaman*	*Esther*
6th Ward Floor	*Samaritan*	*Patience*
5th Ward Floor	*Astley Cooper*	*Queen*
4th Ward Floor	*Luke*	*Dorcas*
3rd Ward Floor	*Job*	*Lydia*
2nd Ward Floor	*Lazarus*	*Martha*
1st Ward Floor	*Cornelius*	*Evelyn*

—thus the old traditional names will be preserved.

It seems that there may be some misunderstanding arising over what happens in April, 1960, when New Guy's House is completed. As Mr. Lees Read has already indicated, the next move in rehabilitating Guy's is to rebuild Hunt's House staircase. This will necessitate emptying wards in Hunt's House, except for 35 beds in *Ruth* and *Barnabas* Wards. All the surgical beds in Guy's House will move to New Guy's House, in addition Children's Beds, Maternity Beds and 30 Medical Beds, together with Skin and Dental Beds. *Patience* and *Samaritan* Wards, which are not very suitable for large teaching rounds, will be closed, and the remaining wards in Guy's House will become the main Medical Block. The Guy's set-up at New Cross Hospital will remain unchanged. It must be understood that all this is *temporary* and that, a year later, when Hunt's House staircase is finished, then all the Medical, Maternity and Children's Beds will return to Hunt's House; only then will New Guy's House become purely surgical and function as planned.

Yours etc.,
J. B. BLAIKLEY,
Superintendent.

OBITER DICTA

Mr. REX LAWRIE—"I always tell people to keep clear of doctors."

Dr. W. N. MANN—"John Brown, a great Thomas' Physician of 1695. The only reason he was not at Guy's was that Guy's was not founded then."

Dr. KAUNTZE—"The nearest I ever got to Buck' House was the Royal Stables."

Mr. REX LAWRIE—"The thing to do is to buy a textbook and cross out the bits you don't like."

SPORT

RUGBY FOOTBALL

Guy's v. Old Whitgiftians

Away 29th November, 1958

Result—Won 6-3

Guy's gained their second win of the season after a rather scrappy, but entertaining game against Old Whitgiftians. The game was very close and Guy's just about deserved their win. At forward, Guy's were superior, and Patterson excelled himself in the tight, winning time and time again against the loose head. The rest of the pack played well, but on occasions the ball was rather slow emerging from the scrum.

Nicholas and Boyd at half-back did not have very satisfactory games, although the latter did make two or three penetrating breaks. The three-quarters took some time to settle down, but in the second half looked far more dangerous. Hawley made a lot of breaks, but only one of these resulted in a score. Egwuata continues to improve with every game he plays.

Guy's kicked off in a very poor light, and after play had come back into their half, were penalised for offside. The attempt at goal was unsuccessful, and was the first of five chances that the Old Whitgiftians were unable to take.

The Guy's handling was not good in this first period, and many promising moves were marred by this fact. Both sides were throwing the ball about, and the Old Boys looked rather more dangerous at this stage. However, there was no marked advantage for either side and half-time came with no score.

In the second half, Guy's looked more efficient. Passes were being held, and Hawley began to make ground in the centre. He put Guy's ahead after an exciting run from about 35 yards in which he beat man after man. The try was not converted.

Old Whitgiftians fought back, and after a period of sustained pressure on the Guy's line, eventually got the ball back cleanly and scored wide out. The kick was unsuccessful. Both

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sides were now playing hard, and play went from end to end with passing movements from both sides.

Guy's took the lead again following a penalty awarded about forty yards out. A short kick was taken, and the ball passed to Blackwell. He made a lot of ground and then passed to Hawley who was outside him. He handed on to Egwuata, who handed off his wing, drew the fullback and passed back inside to Hawley who scored about half-way out. The kick failed.

Guy's held on to their lead until the end, although the Old Boys were pressing hard right up till the final whistle.

Score: Old Whitgiftians 3 pts, Guy's 6 pts.

Team: G. Edwards; V. Egwuata, D. Wright, R. T. Hawley, D. A. Biggs; N. Boyd, J. Nicholas; R. May, M. Patterson, A. Knight, B. Blackwell, P. W. C. Harris, A. Lloyd-Edwards, A. Buirski (capt.), D. Bryant.

Guy's v. Aberavon

At Aberavon 22nd November, 1958
Result—Lost 11-6

Guy's produced their best form of the season in this match, and after a very shaky start, settled down to play some splendid rugby. Indeed in the second half the crowd were cheering them as if they were the home side.

At first it seemed as though Aberavon were going to run up a cricket score, for after about fifteen minutes they were eleven points up. These resulted from the tricky running of Ashton, the home side's outside half. His breaks led to three tries being scored, one of which he converted himself. After this avalanche, Guy's seemed to pull themselves together and came into the game far more; they first threatened when Patterson dribbled up to within ten yards of the line, but the ball was cleared away.

Guy's came close to scoring when Pagliero was only just wide with a penalty kicked from near the touch-line. As half-time approached the Hospital side were showing signs of getting on top, the back row having found the answer to Ashton's elusiveness and the three-quarters moving far more smoothly than they have done previously this season.

After the change over, Guy's had the advantage of a following wind. Immediately they got on top, and indulged in a series of fine passing movements that had the Aberavon defence in trouble: unfortunately, after about ten minutes, they were handicapped by an injury to Pagliero that resulted in his leaving the field.

Buirski dropped out of the scrum for the full back position, and the forwards packed three and four for the rest of the match. Despite this Patterson continued to get his share of the ball, and the pack were not out-pushed. Undismayed by this loss, Guy's continued to play fine rugby, and Harris raised a cheer when he was seen to be tearing for the line with nobody to beat. Unfortunately the whistle had gone previously, and play was brought back. Guy's were playing so well now that they could not be denied, and reward came when Buirski kicked a penalty from in front of the posts. Almost from the kick-off Guy's scored again.

A delightful bout of interpassing involving mainly forwards, terminated with the ball being given to Egwuata, making his debut on the right wing. Despite the close attention of his opposite number and the full-back he made a determined dash for the line from twenty-five, and crashed over in the corner, to score a first class try. The kick was not successful.

The Hospital continued to play attractive, open rugby until the final whistle, but were unable to add to their score. The handling was a feature throughout the game, forwards and backs throwing the ball about continuously, and very rarely was a pass dropped.

It would be invidious to single out members of the pack for praise, as all played extremely well. Behind them Nicholas had a very good game, his defensive kicking being excellent. His partner, Boyd, fed his centres with many fine passes, and they made good use of them throughout. Both wings had a good game, and to Egwuata goes the distinction of being the first visitor to score a try at Aberavon this season.

Although Guy's lost this game they have every reason to feel satisfied with this performance. Had they settled down earlier the result might well have been reversed. Against a team of Aberavon's calibre, this was a splendid showing.

Team: K. M. Pagliero; V. E. Egwuata, R. T. Hawley, C. J. Wright, D. A. Biggs: N. F. Boyd, J. R. D. Nicholas: A. C. Knight, W. M. Patterson, C. Jones, B. B. Blackwell, P. W. R. Harris, D. R. Lloyd-Edwards, A. P. Buirski (capt.), J. D. Bryant.

HOCKEY

Guy's v. National Provincial Bank

At Sydenham 22nd November, 1958
Result—Drawn 2-2

Guy's were unlucky not to win this game, being far and away the better side and having two goals disallowed, one for off-side at a corner!

Guy's spent the first ten minutes in dizzy confusion, defeated by the pace with which the ball moved on this first class pitch. But after settling down repeated attacks were made on the opponents' goal, and reward came when Blake scored the first goal through following up a shot from a penalty corner, thus levelling the scores.

At half-time the opposing goalkeeper was heard to remark that he would soon be a casualty if pestered much more, having heroically saved many attempts at goal.

Guy's started the second half well with a goal by Conybeare after ten minutes of continued pressure. After this the grip was gradually relinquished to the opposition who used the shallow cross pass and through pass down the centre to great effect, Daryabegui in goal being called on several times to clear the loose ball. After the opposition forwards had scored a deserved goal the game developed into one of long loose clearances by both defences, and finally ended in a draw with both sides exhausted.

The lesson to be learned from this game is that the halves and backs must clear the ball to their own forwards and use the cross pass to greater effect.

Team: A. Daryabegui Guiliani; R. C. Lallemand (capt.), M. A. Woodman; J. Sedgwick, M. E. Conybeare, J. Smallshaw; S. Lal, R. Strickland, P. Liddiard, M. W. Blake, A. MacKenzie.

Guy's v. Pembroke College, Oxford

At H.O.P. 26th November, 1958
Result—Won 4-1

Playing at H.O.P. for the first time in three weeks we found the pitch in excellent condition. The side played intelligent but rather slow hockey in the first-half and led at half-time by one goal.

A great improvement was shown in the second-half and it is enjoyable to see short quick passes between halves and forwards and particularly amongst the forwards. Guy's scored three goals during the second half, one from a well hit short corner by D. Wright. The last scored by Liddiard completed his hat-trick.

Team: A. Daryabegui-Guiliani; D. Wright, R. C. Lallemand (capt.); T. Smallshaw, M. E. Conybeare, M. Rake; A. Mackenzie, M. Blake, P. Liddiard, R. Strickland, M. Steyn.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar** (Middle Grade) for one year. The unit which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made to **K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.**

APPOINTMENT

Irvan Yentis, M.D., M.R.C.P., D.M.R.D., F.F.R., has been appointed Consultant Radiologist to the Windsor Group of Hospitals.

GUY'S HOSPITAL HOUSE APPOINTMENTS

1ST DECEMBER, 1958

Assistant House Surgeons

To:

Mr. Blackburn — Mr. H. Hunt
Mr. Lawrie — Mr. M. J. S. Langman
Appointed for 6 months the first 3 as A.H.S.

Mr. Glover — Mr. J. N. Powell
3 *months*

Mr. Brain — Mr. M. F. H. Bush
Appointed for 6 months the first 3 as A.H.S.

Assistant House Physicians

To:

Dr. Douthwaite and Dr. Hardwick — Mr. I. S. Muir
Dr. Boland, Dr. Baker and Dr. Houston — Mr. R. C. L. Feneley
Appointed for 6 months the first 3 as A.H.P.

Dr. Hampson, Dr. Kauntze, Dr. Mann — Mr. R. G. Hornung
Dr. MacLean and Dr. Bishop — Mr. P. W. Clements
3 *months*

Casualty Officers

Mr. W. D. Callum, Mr. L. Kwasny, Mr. R. J. Read, Mr. D. J. Richards, Mr. G. M. Davies — 3 *months*

House Surgeons

To:

Mr. Massie — Mr. G. R. Peachey
3 *months*

Mr Eckhoff — Mrs. G. Strube
6 *months*

Mr. Atkins — Mr. H. C. Evans
3 *months*

Mr. Wass — Mr. J. G. Wright
6 *months*

House Physicians

To:

Dr. Douthwaite and Dr. Hardwick — Mr. J. A. Parsons
3 *months*

Dr. Boland, Dr. Baker and Dr. Houston — Mr. P. W. James
3 *months*

Dr. Hampson and Dr. Kauntze — Mr. J. F. R. Adams
6 *months*

Mr. Mann, Dr. MacLean and Dr. Bishop — Miss J. L. McNair
6 *months*

Resident Obstetricians

1. 7.58—31.12.58 Mr. R. D. Smith
1. 9.58—28. 2.59 Mr. P. G. Hickson
1.11.58—30. 4.59 Miss R. M. Harrison-Bloom
1. 1.59—30. 6.59 Mr. D. G. Yetman

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. A. Gooding — Mr. B. W. Maitland
6 *months*

Throat and Ear and Ophthalmic House Surgeon

Vacant post.

3 *months at Guy's followed by* 3 *months E.N.T. at New Cross*

Mr. A. B. Richards
3 *months E.N.T. New Cross*

Dermatological House Physician

Mr. A. H. Sears — 6 *months from* 25.1.59

Genito-Urinary House Surgeon

Mr. J. R. Allan — 6 *months*

Neurological House Physician

Mr. A. J. Membrey — 3 *months*

House Surgeon to the Thoracic Unit

Mr. K. Kitiyakara — 6 *months*

Children's House Physicians

Miss A. T. Piesowicz — 3 *months*
Mr. J. S. G. Hayes — 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. R. T. Hawley — 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. A. J. Taylor — 3 *months*
Mr. M P. Wilderspin — 6 *months*

Resident Anaesthetists

1. 9.58—28. 2.59 Mr. B. R. P. Murray
1. 9.58—28. 2.59 Vacant S.H.O. post
11. 9.58—10. 2.59 Mr. H. W. Hall (Temporary S.H.O.)
1.12.58—31. 5.59 Mr. D. S. Robertson
1.12.58—31. 5.59 Mr. E. Phillips (S.H.O. New Cross)

R.M.Os. Nuffield House

1. 7.58—31.12.58 Mr. J. K. L. Jones
1.12.58—31. 5.59 Mr. J. A. P. Trafford
1. 1.59—30. 6.59 Mr. M. C. Shannon

House Physicians in the York Clinic (S.H.O.)

1.10.58—31.3.59 Mr. M. H. de Groot
1.10.58—31.3.59 Mr. B. M. Groden

PEMBURY HOSPITAL

House Surgeon
Mr. A. Kenyon

ORPINGTON HOSPITAL

House Surgeons (General)
Mr. R. J. Macfarlane Mr. R. H. MacKeith
Mr. R. S. Greenwood

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mr. K. A. Olafimihan

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. L. A. Lees M. J. G. Allardice

LEWISHAM HOSPITAL

House Surgeon

Mr. N. C. Russell

House Physician

Mr. E. J. Horgan

NEW CROSS HOSPITAL

General Duties House Surgeon

Vacant

House Physician

Mr. B. A. Ross

PASS LIST

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine

M. Rayne

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

October, 1958

Pass

J. Barrie
M. F. H. Bush
T. A. Crantock
R. W. Elsdon-Dew
A. Gooding
K. C. Hammond
R. T. Hawley
A. B. Hewitt
E. J. Horgan
R. G. Hornung
H. Hunt
J. P. Lee-Potter
C. M. Liassides
D. A. Logan
A. J. Macfarlane
A. B. Morphy
K. A. Olafimihan
H. D. W. Plowright
A. P. Redmond
H. P. Rickard-Bell
N. C. Russell
H. A. M. Samaan
W. J. W. Siddall
B. R. T. Smith
D. A. H. Thomas
Ann E. R. Welch
J. G. Wright
I. I. Zayid

Part I

M. A. McL. Bailey
J. C. Bull
J. S. Cameron
H. Dexter
G. J. M. Erwin
Louise Gallagher
A. E. Green
R. S. Greenwood
P. R. Grob
C. E. Harley
D. M. Holmes
J. G. Holmes-Smith
W. Holms
Ann P. John
B. W. Jones
J. M. Justice
B. N. C. Kempton
R. L. King
Jean M. Kubale
M. J. S. Langman
Hazel McFarlane
R. H. Mackeith
J. J. Maher
R. Marks
R. W. May
R. G. Notley
D. J. Openshaw
P. G. Parry
D. K. Payler
P. E. Pearce
W. B. Pearce
V. Promtatvethi
M. I. Reeve
M. D. Robson
J. W. Rollins
M. D. Sanders
A. W. Sollom
June M. Squire
T. C. Taylor
Winifred M. M. Tully
A. Vejjajiva
J. Wolfle

Part II

J. G. Allardice
H. C. Evans
R. S. Greenwood
J. H. Hackwood
J. B. Kelly
L. A. Lees
P. G. Parry
M. P. Wilderspin

Part III

J. G. Allardice
R. S. Greenwood
J. B. Kelly
B. W. Maitland
J. F. Steele-Perkins

Part IV

J. G. Allardice
H. C. Evans
J. B. Kelly
L. A. Lees
B. W. Maitland
J. F. Steele-Perkins

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

November, 1958

Surgery

*S. A. Vanar

*Has completed the examination.

NURSING NEWS

The following Nurses have passed the Final State Examination held in October, 1958:—

Arch, V.
Ayers, P. M.
Barlow, S.
Belix, M. R.
Biggs, M. M.
Bingham, J.
Blandford, J. P.
Bower, P. J.
Bradwin, J.
Brooke, C.
Brown, M. E.
Campbell, C.
Carvell, A. D.
Chopping, A. E.
Cooper, W. A.
Courtney, M. J.
Craigie, J.
Davies, E. M.
Drury, P. A.
Dunn, M. L.
Eldridge, V. R.
Ellis, J.
Fawcett, J.
Fearby, M. J.
Fermor, K. M.
Forbes, B. M.
Gates, M. F.
Goldsworthy, P. A.
Goodman, M. E.
Green, S.
Heath, M. M.
Herbert, E. J.
Honeyball, B. J.
Housden, J. M.
Hudson, B.
Huntley, S. K.
Hutchings, M. E.
Inkpen, J. F.
Jenkins, M.
Law, W.
Lees, J. A.
Lester, S. J.
McNair, A. M.
Martin, A. P.
Maynard, A. M.
Mills, J. D.
Moore, D. K.
Moulds, J. M.
Mullineaux, E. P.
Nix-James, D. R.
O'Brien, L. M.
Price, R. A.
Puddy, M. G.
Reynolds, S. A.
Rich, J.
Richards, C. A.
Roberts, G. B.
Rooke, V. A.
St. Hill, J. M.
Serman, J. M.
Shaw, A. P.
Shende, S. R.
Stevenson, M. E.
Taylor, M.
Taylor, V. M.
Thelwell, M. P.
Thomas, C. S.
Vance, M. E.
Westall, E.
Whalley, C. D.
Wilson, E.
Wright, J. E.

Entered:

Sister E. Wynne to *Evelina*.

S/N P. Wardrop to *New Cross*.

Left:

Sister M. Gabain.

S/N J. Goodall from *Job*.

Mental Register

Combined training Bexley Hospital and Guy's Hospital (York Clinic).

Crowle, J.
Simmons, I.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Fuller, Denis and another. Open Heart Surgery with the Pump Oxygenator. *Med. Proc.*, 1958, **4**, 730.

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Payne, W. W. and another. A Test for Coeliac Disease. *Arch. Dis. Childh.*, 1958, **33**, 413.

Pearson, R. S. Bruce. Asthma. *Brit. med. J.*, 1958, ii, 905.

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Reading, Philip. Some Post-Operative Hazards in Tracheostomy on Infants. *J. Laryng.*, 1958, **72**, 785.

Rewell, R. E. The Histogenesis of Ovarian Tumours. *J. Obstet. Gynaec. Brit. Emp.*, 1958, **65**, 718.

Thurston, Gavin. A Coroner's View of Suicide. *Med. World*, 1958, **89**, 476.

Vale, W. A. High Speed Cutting in Dentistry. *Med. World*, 1958, **89**, 429.

Wheatley, David. Oral Penicillin in General Practice. *Brit. med. J.*, 1958, ii, 907.

Witts, L. J. and another. Thymidine in Megaloblastic Anaemia. *Lancet*, 1958, ii, 869.

Wrigley, F. R. H. The Hazards and Principles of Anaesthesia for Tonsillectomy and Adenoidectomy in Children. *Canad. med. Assn. J.*, 1959, **79**, 459.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

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ASST. DENTAL SURGEON. Bedfordshire Young Assistant Dental Surgeon required Accommodation available. Box No. 163.

MICROSCOPE required for Botany Student. Brotherton, 52, London Road, Twickenham, Middx. POPesgrove 1283.

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C. E. James, L.D.S.R.C.S., 104, Oaklands Road, Bridgend, Glamorgan.

D. R. Laney, B.M., B.Ch., 116, Worth Road, Pound Hill, Crawley, Sussex.

P. L. Masters, M.B., B.S., c/o Princess Margaret Hospital for Children, Perth, Western Australia.

Roben Moffat, M.R.C.S. D.Obst., R.C.O.G., 80, Foxearth Road, Selsdon, South Croydon. (Sanderstead 4655).

Sqn.-Ldr. D. J. Stoker, M.R.C.P., R.A.F. Hospital, Akrotiri, B.F.P.O. 53.

K. R. Wallace, M.B., B.Chir., 17a, Holly Road, Retford, Notts.

I. Yentis, M.R.C.P., 11, Eton Avenue, London, N.W.3. (Swiss Cottage 3945) (Temporary).

BIRTHS

MEYER.—On 15th November, 1958, at the Louise Margaret Hospital, Aldershot, to Patricia (née Gillett, S.R.N.), wife of John S. B. Meyer, M.B., B.S., a daughter (Hilary Gaye), a sister for Claire.

SOOTHILL.—On 28th October, 1958, at Bramerton, Norfolk, to Elizabeth (née Lazenby, S.R.N.), and Edward Soothill, M.B., B.Ch., F.R.C.S., a son (Jonathan Charles).

WILLCOCKS.—On 28th November, 1958, at Guy's, to Margaret and Ronald Willcocks, B.D.S., F.D.S., a son (Richard George).

MARRIAGE

HUMPHREY—DAVIES.—On 4th October, 1958, at Addiscombe Hall, Surrey, Dennis Charles Humphrey, M.B., B.S., to Delyth Eirwen Davies, S.R.N.

DEATHS

MASTERS.—On 7th November, 1958, Edgar James Masters, M.B., B.S., D.R.C.O.G., of Cornerways, Worthing, Sussex.

MORRIS.—On 13th September, 1958, Cecil Graves Morris, L.D.S.R.C.S., of 17, Beaumont Street, Oxford.

ODGERS.—On Sunday, 30th November, 1958, at 19, Hanover House, Regents Park, N.W.8, in his 82nd year, Paul Norman Blake Odgers, M.A., D.M., M.Ch., F.R.C.S.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1837 20*th December* 1958 *One Shilling*

PASSIM

"*Let steeple bells be swungen*".

THE sturdy English carol, the delicate Basque lullaby, the rotund Latin praises, make Christmas a meeting point of nations and of ages. The Englishman's reserve and the mock-modesty of the non-singer melt magically at a hundred gatherings, at fireside and at garden gate, in concert hall and in church. Carolling is a companionable way of joining in the universal joy at the Nativity, and carols will always bring back scenes of former Christmases, particularly to those who have worked in a hospital like Guy's and now spend Christmas with their families. Christmas at Guy's has all the warmth of the ancient welcome to the "litel child", and the spirit of Dickens hovers palpably over Southwark as traditional celebrations are renewed. The Guy's Christmas is made unique, though, by a very special sort of goodwill which is unforgettable to those who have experienced it. Christmas carols and concerts, and the decoration of the wards, create an expectant atmosphere which is rewarded with the first glimpse of red-cloaked Sisters late on Christmas Eve. We cannot resist offering a special word of encouragement to the staff of *Victoria*, where judicious midwifemanship will, we are sure, achieve the Christmas baby who last year defied all efforts and arrived seven minutes late. To all Guy's men and women, and to our patients, who are spending Christmas in the Hospital or at home, we wish every Christmas blessing and all good cheer.

We congratulate Mr. W. J. Tulley upon his appointment by the Senate of London University to be Reader in Orthodontics at Guy's Hospital Dental School.

About half of the students eligible for vaccination against poliomyelitis, took the opportunity to be vaccinated during the recent drive by the Students' Health Service. Of the nurses who could choose to be vaccinated, less than a quarter have received the Salk vaccine. We respect the opinions of those who decided not to be vaccinated, but urge those who merely did not bother, to stir their stumps and contact their Health Services; since doctors and nurses are significantly "at risk" in epidemics of poliomyelitis, the chance of even partial immunity is not lightly to be discarded.

Mr. Kingston, the catering officer, led us into secret places last week and showed us with justified pride the vanguard of the army of Christmas puddings which will fan out from the kitchen to the wards as willing victims of the Christmas spoon-and-fork brigade. Enthusiasm and devotion to duty are much in evidence in the kitchens—key men will go on duty at midnight on Christmas Eve to roast 1,600 lbs. of turkeys, so that the latter may be duly "rested" at about breakfast time. The methods of mass production are nowhere in evidence, even when dealing with 320 Christmas puddings, 130 Christmas cakes, 2 cwt. of chestnuts and 250 lbs. of pork sausage meat ! Looking at the list of dressers' teas, parties, and dinners filling his diary, we can only recommend Mr. Kingston to take a deep breath and a benzedrine tablet; the catering side of Christmas looks extremely promising for the participating public.

It is very understandable and very charming that visitors to patients should wish to bring them added comforts. Flowers improve morale and fruit is refreshing. Fruit drinks are also refreshing. A visiting practitioner has commented, however, on the myth that glucose is of mystic value in restoring vigour to patients, so that relatives go to great lengths to bring what is recognizably a "sick person's drink", at extra expense. The practitioner comments that this is bad for the morale of the patient and for the pocket of the visitor; sucrose is virtually the same as glucose in ease of assimilation and utilization in the tissues, and provides more calories per shilling in the forms available to the public.

A convivial misprint in a well known textbook of Pathology has caught Dr. G. A. K. Missen's eye. It sounds almost fun to have a "rhabdomyomo-congenial glycogenic tumour of the heart."

The weather is chilly and colds are rife. Why must our sisters and our cousins and our aunts use handkerchiefs the size of postage stamps ? The masculine *mouchoir* may be prosaic, but it is practical.

GUY'S DIARY

DECEMBER		Exhibition. Department of Surgery. *Bone Tumours.*
JANUARY		Exhibition. Department of Surgery. *Fractures of the Upper Limb.*
1st Th	1.00	Dr. C. Hardwick. Clinical Lecture. *Biliary and Renal Colic.*
3rd S		Rugby. 1st XV *v.* Richmond. (Richmond.)

Seventy Years Ago

From Guy's Hospital Gazette, 8th December, 1888.

(From Passim)

"An event of great moment, as usual, passed off silently, on 26th November, 1888, viz., the first brick of Guy's Hospital Residential College was laid. We hope to be able to give our readers important and interesting information from time to time as to the latest improvements, the construction, progress of work, etc."

. . . *We still do*

RICHARD BRIGHT
and his Published Writings
A REVIEW

By G. A. R. WINSTON,
Wills Librarian, Guy's Hospital.

He contributed to medical science many discoveries
And works of great value,
And died while in the full practice of his profession,
After a life of warm affection,
Unsullied purity and great usefulness.

From a tablet dedicated to the memory of Richard Bright in St. James's Church, Piccadilly, London.

IT is reasonable to assume that, during the one hundred years that have passed since the death of Richard Bright, all that could be said about his life, work and published writings has been recorded. Thayer (1927)[15] has listed 107 references relating to Bright, and Hill (1950)[7] has numbered 132 with an additional 16 in the preparation of *A Bio-Bibliography*.

Outstanding among the contributions on Bright and his work are those of Sir William Hale-White in Guy's Hospital Reports. In his opening remarks Hale-White (1921b)[6] states that he had read everything that Bright had published. Reference must also be made to the papers by A. A. Osman[12] in a series of articles, *Studies in Bright's Disease*, also in Guy's Hospital Reports.

Wilks and Bettany (1892)[17] are quoted as saying that Bright's eminent position was won by his thoroughly practical writings and great discoveries, and by pains which he took in investigating the most minute particulars of every case which was brought before him. There was scarcely a disease of the body to which Bright did not pay attention and these are to be found particularly in his Reports of Medical Cases and Guy's Hospital Reports. Thayer (1927)[15] speaking of Bright's powers of observation and the accuracy of his recordings said "the cautious habit of reasoning upon facts which he had urged upon his students had enabled him greatly to enrich medical literature".

REPORTS OF MEDICAL CASES

In 1927 W. S. Thayer, M.D., Emeritus Professor of Medicine, Johns Hopkins Hospital, Baltimore, delivered the Bright Oration at Guy's Hospital on the occasion of the centenary of the publication of the first volume of Bright's *Reports of Medical Cases*. This address was published in Guy's Hospital Reports of that year.

The first of Bright's renowned two quarto volumes of his *Reports* was published in the year 1827 under the title *Reports of Medical Cases selected with a view of illustrating the symptoms and cure of diseases by a reference to Morbid Anatomy*. The book is dedicated to Benjamin Harrison, Treasurer of Guy's Hospital at that time, and to William Babington.

Bright stated in the preface "The work which I now commence will not, in theory at least, be thoroughly completed until every disease which influences the natural structure, or originates in its derangements, has been connected with the corresponding lesion".

The subjects treated in volume one are *diseases of the kidney in association with anasarca and albuminuria*; *diseases of the liver with anasarca and ascites*; *diseases of the lungs* and *diseases of the intestine in fever*. Volume two is in two parts and is devoted mainly to studies of the brain and nervous system. It consists of 724 pages with 40 coloured plates and is dedicated to James Frank, M.D., F.R.S.

The whole work is admirably illustrated, containing beautifully coloured plates painted by hand at great expense. Bright said in the preface that the drawings and engravings were executed under his own superintendence.

These Reports at once made Bright famous and taken together, they form one of the most important contributions to morbid anatomy ever made in this country by one person—(D.N.B.)[4].

BRIGHT'S DISEASE

The most celebrated part of the Reports is in the first 126 pages of volume one. This section is entitled *Cases illustrative of some of the appearances observable on the examination of Diseases terminating in Dropsical effusion.* In this Bright gave the first account of those researches on dropsy with which his name is inseparably connected. Major (1932)[10] reprinted part of this section and it was included in the second and third editions of his *Classic Descriptions of Disease.*

Bright's publications on renal disease consist of four articles. The first 88 pages of his *Reports* deal with diseases of the kidney with clinical and post-mortem notes on 24 cases, including one from Dr. Hodgkin. There are five beautifully hand-coloured plates and Osman (1937)[13] described this, as the most famous of Bright's papers, and has become a landmark in the history of medicine.

In 1833 Bright delivered the Goulstonian Lectures which were published in the London Medical Gazette, Volume 12, in five consecutive issues. His subject was *On the functions of the abdominal viscera with observations on the diagnostic marks of the diseases to which the viscera are subject.* The latter part of the lectures is devoted to renal disease and the changes in the urine by which it may be recognized.

Then followed two papers in the first volume of Guy's Hospital Reports in 1836; the first, *Cases and Observations illustrative of Renal Disease accompanied with the Secretion of Albuminous Urine,* and the second, *Tabular View of the Morbid Appearances occurring in one Hundred Cases in Connexion with Albuminous Urine.* (Hale-White 1921a)[5]. The former contains an account of the mode of onset and clinical course of nephritis.

Morton (1954)[11] states that Bright's classical description of chronic nephritis had led to its designation as Bright's Disease one of the best known and most permanent of medical eponyms.

Osman (1937)[13] published the *Original Papers on Renal Disease* by Richard Bright. Twenty-four cases are reproduced and the illustrations of the kidney are included. In an appendix, Osman described the histological sections from the kidneys of three cases of Bright's disease originally described by Richard Bright, reprinted with emendations from Studies in Bright's Disease, No. 7, that appeared in Guy's Hospital Reports (1933).

FURTHER STUDIES IN RENAL DISEASE

Morton (1954),[11] in an annotation on Bright's *Cases and observations, illustrative of renal disease accompanied with the secretion of albuminous urine,* states that as a result of greater experience on renal disease Bright rounded off his work on the subject with the above paper, wherein he recorded his extended observations. By this time he had come to more definite conclusions with regard to the treatment of the condition.

Thayer (1927),[15] Bright did much more than discover the relation between albuminuria, dropsy and renal disease. In his first volume of *Reports of Medical Cases,* after his original observations on renal disease, he took up the study of dropsical effusion connected with disease of the liver.

Although Bright published nothing more in connection with renal disease he continued to pursue his researches in the nature of the kidney. In 1842 Bright wrote an interesting letter to the London Medical Gazette (1841-42, volume 29) in which he said "that in connection with Mr. Robinson and Mr. Toynbee he had been making investigations into the morbid anatomy of the kidney" In this letter Bright mentions that the work by Mr. Toynbee and himself on the Anatomy and Physiology of the Kidney and the Pathology of that organ as connected with the secretion of Albuminous Urine, will be shortly published.

It is significant that in the Medico-Chirurgical Transactions (1846, Volume 29, pp. 303-306) there is an article by Joseph Toynbee entitled *On the intimate structure of the human kidney, and on the changes which its several component parts undergo in Bright's Disease.* In this article Toynbee states "So sensible, indeed, am I that nearly everything of value which may be contained in the observations which follow, is to be attributed to the assistance of Dr. Bright, that it is not without some degree of diffidence that I venture to prefix my name alone to the present communication".

In the spring of 1842 Bright obtained permission of the authorities at Guy's Hospital to set aside two clinical wards for a period of six months for the intensive study of renal disease. The results of the studies were published in Guy's Hospital Reports (1843) in the names of G. H. Barlow and G. O. Rees in an article entitled *Account of the observations made under the superintendence of Richard Bright on*

patients whose urine was albuminous. Another article followed by G. O. Rees on *Observations on the blood with reference to its peculiar condition in Morbus Brightii* and appeared in the same volume of Guy's Hospital Reports.

RENAL FROM CARDIAC DROPSY

Although the name of Bright is perpetuated by his classical description of chronic suppurative nephritis, he made many other valuable contributions to medical knowledge. Morton (1954)[11] states that in his *Reports of Medical Cases*, Bright differentiated renal from cardiac dropsy and was first to correlate this and the previously observed albuminuria with the nephrotic changes observed at autopsy

THE BRAIN AND NERVOUS SYSTEM

It has already been stated that the second volume of *Reports of Medical Cases* are mainly on the brain and nervous system. Hale-White (1921b)[6] has drawn attention to two outstanding contributions on the cerebral nervous system that appeared in Guy's Hospital Reports in 1836 and 1837. These descriptions show that Bright was one of the earliest enunciators of the doctrine of cerebral localization.

Chorea

In his *Reports of Medical Cases*, volume 2, part 2, Bright describes Chorea. In 1838 he read a paper before the Royal Medical and Chirurgical Society entitled *Cases of Spasmodic disease accompanying affections of the pericardium.* Wilks (1911)[16] believed that Bright was the first person to describe mitral murmur in chorea.

Epilepsy

Bright also wrote papers on sclerosis, hydrocephalus and apoplexy. One of his most outstanding articles was *Case of fatal epilepsy from local disease of the brain.* It is claimed that this paper established Bright as being the first to describe unilateral (Jacksonian) epilepsy. Morton (1954)[11] has listed *Fatal epilepsy, from suppuration between the dura mater and arachnoid in consequence of blood having been effused in that situation.* This is case 11 from Bright's article on the *Arteries and Brain.*

Wilks (1911)[16] mentions that he gave an account of a woman who had epileptic fits. She died after a few weeks, and on examination some tumours were found in the brain. Wilks continued "that this was of special interest to him from the fact that Dr. Bright had written a paper on epilepsy, in which he referred to a case in which he believed there was some disease of the brain, and therefore unlike ordinary epilepsy where no special changes were found".

Wilks (1911)[16] has selected a number of articles from Guy's Hospital Reports which seem most important as bearing upon the question of novelty. The first is that by Richard Bright, *Disease of the arteries and brain,* and shows how this condition is generally associated with apoplexy and softening.

DISEASES OF THE ABDOMEN

Abdominal Tumours

Bright published a series of articles in Guy's Hospital Reports between 1837 and 1840, *Observations on abdominal tumours and intumescence; illustrated by some cases of acephalocyst hydatids.* These were collected together and published as a separate volume by the New Sydenham Society (1861, volume 6) entitled *Clinical memoirs on abdominal tumours and intumescence,* and edited by G. Hilaro Barlow. This contains chapters on *The Exploration of the abdomen on tumours dependent upon acephalocyst hydatids* (15 cases); *Ovarian tumours* (29 cases); *Diseases of the spleen* (28 cases); *Renal disease* (12 cases), and *Diseased liver* (33 cases). The book is well illustrated with 79 woodcuts.

Wilks (1911)[16] mentions that Bright had an elaborate paper on a form of tumour in the abdomen due to "acephalocyst hydatids", and quotes Bright as saying that "he borrowed a microscope from his friend Dr. Roget, who had lately obtained it from Amici (in Paris) and asked his friend Mr. Say to delineate some of the appearances the hydatid present". Wilks states further that "Bright had given a very clear description of the disease and the microscopic appearances. This was in 1827 and had never been done before".

Pancreas and Duodenum

Hale-White (1921b)[6] has recorded that Bright's most original paper among his many on abdominal diseases was *Cases and observations connected with disease of the pancreas and duodenum* published in Medico-Chirurgical Transactions (1832-33, volume 18). This paper aroused interest at the first meeting of the Royal Medical and Chirurgical Society a fortnight later, when two papers on the subject of fatty stools were read by E. A. Lloyd and Dr. Elliotson.

Kelly (1948)[8] states that this paper is notable on account of the description of pancreatic diabetes and pancreatic steatorrhœa.

Jaundice

In a paper entitled *Observations on jaundice* published in Guy's Hospital Reports (1836, volume 1) Bright divides the subject into four parts, one of them on inflammation of the liver. Bright mentions that fatty stools are present when the pancreatic duct is implicated in disease. Of this paper, Hale-White (1921b)[6] and Wilks (1911)[16] state that it contained the first description of acute yellow atrophy of the liver; although Bright did not name the disease, he described it and its post-mortem appearances on page 614 and two cases are described in cases 5 and 6.

Diaphragmatic Hernia

In Guy's Hospital Reports (1836, volume 1) Bright described an extraordinary case of diaphragmatic hernia under the title *Account of a remarkable misplacement of the stomach.* Bright's case is of a girl aged 19 who had been very delicate from her childhood.

Chronic Peritonitis

Bright was interested in chronic peritonitis for he published a paper in the Medico-Chirurgical Transactions (1833-5, volume 19) entitled *Cases and observations illustrative of diagnosis when adhesions have taken place in the peritoneum with remarks on some other morbid changes of that membrane.* Several cases of chronic peritonitis in which signs were present are recorded. Then follows what is probably (Hale-White 1921b),[6] the first description of peritonitis which was later known as chronic proliferative peritonitis.

Addison's Disease

To Bright must be given the credit of being the first to describe Addison's Disease (Hale-White 1921b)[6] but in no sense, states Hale-White, did he discover the disease, for he did not connect the symptoms with disease of the supra-renals. Bright's case is reported in his *Reports of Medical Cases*, volume 2, page 247, case 19.

DISEASES OF THE THORAX

It has already been mentioned that the first part of Bright's *Reports of Medical Cases* is occupied with an account of the disease bearing Bright's name. The remainder of volume I is concerned with diseases of other organs than the kidneys. Hale-White (1921a)[5] has said that, "apparently there is nothing to indicate any new discoveries, yet there is much to admire in the completeness and accuracy of the description of the clinical and post-mortem appearances". Bright gives examples of dropsy due to disease—notably that of the heart—within the chest. Fatal acute bronchitis is described. Pulmonary abscess following pneumonia is recorded, and some examples of gangrene of the lung. There is also an excellent account of phthisis.

Hale-White (1921a)[5] states that Bright became interested in "what is known to be post-mortem staining of the arteries". The first volume of Bright's *Reports* concludes with an account of the morbid appearances in typhoid fever. Bright gave oxygen to those suffering from respiratory distress, and a case of a boy aged 14 is described. According to Hale-White (1921a)[5] case 129 in volume 2 is clearly one of heart-block.

Whooping Cough

Bright described the condition of the lung in whooping cough in cases 98 and 99. This, to quote Hale-White (1921a)[5] is probably the first description of broncho-pneumonia and pulmonary collapse seen in whooping cough.

MEDICAL LECTURES

In 1824 Bright took part in the medical lectures at Guy's Hospital with Dr. Cholmley, and afterwards for many years shared the course with Dr. Addison. The outcome of their joint labours was the commencement of a text-book *Elements of the Practice of Medicine* of which only one volume appeared in 1839. It would appear that a subsequent volume was intended because the book that was published is printed as volume I, and this is a rarity, but volume II never appeared.

Appendicitis

On page 498 of the text-book Bright and Addison wrote, *Inflammation of the caecum and vermiform appendix.* This is described by Hale-White (1921b)[6] as containing the first accurate account of appendicitis.

GUY'S HOSPITAL REPORTS

Guy's Hospital Reports were first published in 1836 and publication has continued to the present day. From inception until the War Memorial volume in 1922 they were issued annually. Then came a fundamental change of policy in 1921 when, under the editorship of Sir Arthur Hurst, a new series was begun and the *Reports* became a quarterly journal. In 1939 Sir Arthur was succeeded in the Editorship by the present Editor, Sir Russell Brock, who became Assistant Editor in 1936.

Guy's can be justly proud of the fame the Reports have achieved throughout the world, and of the credit they have brought to the hospital. The demand for articles in back numbers is a sure indication of their immense value in medical literature.

The first volume of the *Reports*, under the editorship of George Hilaro Barlow and James P. Babington, contained 42 articles, 656 pages and 29 plates, and Richard Bright was from the start a copious contributor. Altogether Bright contributed 21 articles.

The first and second articles in volume I are by Bright on the *Treatment of Fever*, and on *Diseased arteries of the Brain.* In the same volume he contributed six other communications of which the most important are *Cases and Observations Illustrative of Renal Disease*, and *Tabular View of the Morbid Appearances in One Hundred Cases of Albuminous Urine.* In volume II there is a paper by Bright on Abdominal Tumours which was the first of an important series, continued by two papers in the third volume, one in the fourth and one in the fifth. The fifth volume contains an important article entitled *Observations on Renal Diseases; Memoir the Second.*

In 1927 Guy's Hospital Reports issued a special Bright Centenary Number to commemorate the publication of Bright's *Reports of Medical Cases*, with articles from well-known authorities. Recently, another special number was published and dedicated to Richard Bright 100 years after his death.

Sir Humphry Rolleston (1936)[14] suggested that it was interesting to speculate whether or not the title *Reports* was borrowed from Bright's existing publication; but there is no question of doubt that Bright took a prominent part in the establishment of the *Reports*.

A fascinating history of Guy's Hospital Reports was told by Sir Russell Brock 1952)[3] in his article *One Hundred Volumes of the "Guy's Hospital Reports"*.

BRIGHT'S TRAVELS

Iceland

In the summer of 1810 Bright and his friend Henry (afterwards Sir Henry) Holland accompanied Sir George Steuart MacKenzie on an expedition to Iceland, which occupied some months. To the account of this voyage, written by Sir George MacKenzie in his *Travels in Iceland*, Bright contributed chapters on botany and zoology.

Thayer (1927)[15] quotes remarks made by MacKenzie in his praise of Bright's contributions. Among the woodcuts and engravings by members of the expedition with which the book is illustrated several are by Bright.

On his return from Iceland Bright continued his medical studies and read a paper before the Royal Medical and Chirurgical Society on cases of erysipelas he had seen at Guy's Hospital (Hale-White 1921a).[5]

Lower Hungary

In 1814 Bright's love of travel carried him to the continent for a tour of Holland, Belgium, Berlin and then to Vienna where he spent the winter of 1814-15. The political interest of the congress then sitting engaged much of Bright's attention, and he refers to it in an account of his travels in his book *Travels from Vienna through Lower Hungary, with some remarks on the State of Vienna during the Congress in 1814.*

Hale-White (1921a)[5] mentions that Bright observed and studied everything he came across, medical or otherwise. This book is an example; it is a well-printed quarto of 642 pages, entertaining as an account of travel and full of detailed information, and in the words of Hale-White (1921a)[5], ought to be of value to students. Bright's talent as an artist is also apparent and it exemplifies his wonderful power of observation and description.

GEOLOGY

Bright became interested in geology through association with William Babington and in 1811 he contributed to the Geological Society a brief statement *On the strata in the neighbourhood of Bristol*, and published in the Society's Transactions in 1817, volume 4.

Another paper on geology was read before the Geological Society in 1816 entitled *Remarks upon the hills of Badacson, Sziliget . . . in Hungary* and published in the Society's Transactions 1821, volume 5.

FIRST AND FINAL MEDICAL CONTRIBUTIONS

From the sources consulted it appears that Bright's first article on a medical subject was *A case of traumatic tetanus*, published in the *Lancet* (1825-26, volume 9, page 268) and his final individual contribution was a letter to *London Medical Gazette* (1841-2, volume 29, page 707) concerning the pathology of the kidney.

CONCLUSION

It has not been possible within the scope of this review to mention all Bright's contributions to medical literature, but those selected will emphasize the wide and varied range of his interests. They will also confirm how true were the words of Sir William Hale-White when he described Richard Bright as "a traveller, a geologist, an artist, a writer and a linguist".

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PARADE IN BOTHNIA

By PROFESSOR M. A. RUSHTON

Bothnia is the northern part of Sweden stretching up across the Arctic Circle, an unending forest of pines and birches with lakes and granite outcrops smoothed and grooved in the Ice-ages. Timber and mineral industries and the building of great hydro-electric power stations maintain a scattered, but in the aggregate a substantial population, augmented by the Lapps following their reindeer. In the centre of this area the Swedish Government is building up an educational and hospital centre at Umeå. A magnificent new hospital, which will eventually have over one thousand beds, has arisen on a granite bluff on the edge of the town and is already in use. Incorporated in the same block is a dental school at present

Photos) (*Vasterbottens-Kuriren*

The completed section of Umea Hospital seen from the Nurses' Home. The Dental School occupies the upper floors of the long building in the centre.

with the status of a subsidiary institute of the Royal Dental College of Stockholm and also at work. Near at hand is the new Nurses' Home which, from the steam baths and gymnasium in the basement upwards to all those intimate facilities for which I rely upon my wife's report, is something which our nurses would not dare to dream about.

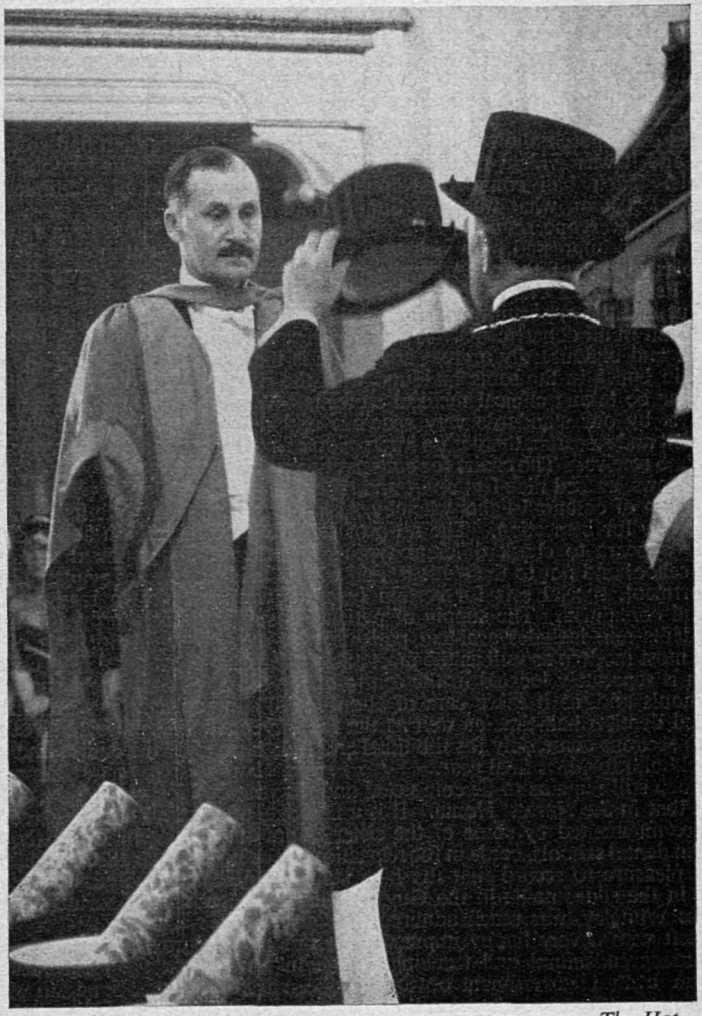
It was officially to open the Dental Institute, however, that H.M. the King of Sweden visited Umeå on 13th September, and the occasion was to be marked by the giving of six honorary doctorates in odontology. The fact that the first of these was to be received by a cabinet minister may have been responsible for the enormous special train composed of the newest sleeping cars containing government officials, the high authorities of all the Scandinavian universities, deans of medical and dental schools and professional people of all sorts, which purred electrically all night through the endless forest, encouraged by periodical bursts of song from the student organizations accommodated less luxuriously and more intensively at the rear. Breakfast between 6 and 7 was the beginning of a very long day. I did not know until afterwards that my unpremeditated movements on leaving the train were appearing on television and that a rear-view photograph prominently displaying my old rucksack (partly eaten by mice) would be used by the national press.

The School was formally opened in the morning, but the more stirring events started after lunch with a procession from the Town Hall to the great church. The Scandinavian official and academic costume runs to top hats of a rather special kind, discreet gold rings, long and complicated gold chains (especially in the case of deans and rectors or vice-chancellors) and a fair sprinkling—amounting in some cases to an incrustation—of stars and metal insignia. I had been instructed to wear my English doctor's insignia and in a completely scarlet gown lined with pink silk formed a burst of colour which incited the curiosity and astonishment of the massed crowds as we turned the corner of every new street. The dean of the Norwegian Dental School in an ermine-trimmed black opera-cloak with Merlin-like figures on it—perhaps runes—was easily outclassed. Following the banners of the students' corporations of the different faculties and the Government officials, we moved at the slowest possible pace in the midst of a silence broken only by the click of shutters and the whirr of cine-cameras. Behind us followed a hundred or two similar grave figures in full evening dress.

The King

When the King had joined us in the church and taken seat in the middle of the chancel, a very varied programme commenced. There was secular music from a choir and chamber orchestra in the gallery. There was a lecture on maxillo-facial injuries. There were a great many speeches in Swedish. At a certain moment they changed to Latin and the solemnity increased. About that time the King put on the special doctor's academic top hat and immediately all Swedes with a doctor's degree in any faculty did the same. The cabinet minister was the first honorary doctor to be "hatted". At the words "Accipe pileum" the top hat was firmly planted on his head by Professor Gösta Westin and simultaneously with a tremendous crash a battery of artillery was discharged by the soldiers just outside. The hat did not jump off. After he had received his gold ring and parchment and made his bows it was my turn. At the words "Accipe pileum signum libertatis" the guns again discharged and the hat came to rest on my ears and eyebrows: it was several sizes too large. The fault was mine and that of the storekeeper in a small village who had done his best to tell me my size during the vacation; and the discrepancy was accentuated by an unusually recent haircut. My hands were now fully occupied with the ceremonies of the ring and the parchment, so I could only look out under the brim with back-tilted head. On leaving

the rostrum my next duty was to bow deeply to His Majesty with hat still on my head, and less deeply to the Chancellors of Universities and some others. I quickly tipped the hat back on the fulcrum of my ears and to my great relief found that it did not fall off on to the King's feet at the deepest part of the bow, though it came down on my eyebrows once more. Fortunately, I found an opportunity a little later (when hats were temporarily removed for prayers by the Bishop) to stuff the lining band with two thick folded programmes, so that it was securely jammed when the procession started back through the windy streets. The com-



. . . *The Hat*

bination of a top hat with an M.D. gown produced a rather striking effect and the *Vasterbottens-Kuriren* reported that I "looked like something from King Arthur's court."

We went straight on to a banquet for 800 people in the sports-hall, a building which could just about accommodate a football ground and which indeed is the only place where such a game could be played during the greater part of the year. Banquets and speeches run concurrently in Sweden and the first of five long speeches

began almost as soon as King Gustav-Adolf had entered and we had sat down. For those who can understand the language this certainly must help to fill the intervals between courses. More agreeable to me were the songs, which filled intervals between the speeches and which arose from the students' tables: these had been carefully rehearsed and selected (as the presence of the King would demand) and some were of great beauty. At the end of the meal the six honorary doctors were paraded on a rostrum and for this purpose I had hastily to retrieve the famous hat from the cloak-room. I was billed to answer, on behalf of the honorary doctors, an address by the President of the Students; and sure enough they entered in procession, male and female, with banners and accoutrements. Sandwiched between two more songs, which may have had some special significance, the President made a spirited speech; but what he said, apart from a small section addressed to me in English, I have no idea. I was now prepared for the honorary doctors to burst into song in their turn, but looking to right and left and catching the eye of the professor of physiology of Stockholm, a fellow victim, I understood that it was my speech next. The withdrawal of King Gustav-Adolf after his own speech allowed me to strike a less solemn note than had so far prevailed and it was evident that some of the remarks were well understood by the students. Their ball commenced immediately afterwards and continued long after we left it on what was now Sunday morning.

Nearly everyone returned to Stockholm that night, fortified by a municipal luncheon and impressed by a visit to a new hydro-electric station occupying vast halls blasted out of the solid granite many hundred feet below ground surface level. I stayed over one more day to give a lecture to the dental staff and students, and thus had the opportunity of visiting the new school in some detail and talking to the staff in all departments. A striking departure from the usual Scandinavian practice and undoubtedly a great advantage is the close association of the dental school in Umeå in the same buildings with the general hospital, which will itself next year be taking clinical medical students. While the accommodation in the school is by our standards very spacious and magnificently equipped both for treatment and research, there is no impression of extravagance such as many visitors to Malmö receive. The chairs for conservative work are set in single rows opposite the windows, spaced nine feet apart and separated by breast-high walls; and there is a system of coloured lights whereby the student notifies that he has a piece of work ready for inspection. The ratio of staff to students is high and a different teacher appears to check different types of work. The instrument sets belong to the school and not to the student, and while the basic sets are available in each compartment, special sets for certain types of work are drawn ready sterilized in metal containers. The supply of patients is sufficient for the present number of students and includes accident patients who may come in hundreds of miles by the most modern as well as the most ancient forms of transport. The children's section is separately located in the centre of the town for convenient access from the schools and, as it takes care of about 7,000 children, employs a number of qualified dentists half-time as well as the teaching staff. At present the students in both sections come only for the third and fourth years of the course and return to Stockholm for their final year.

Much still remains to be completed and the principal lecture theatre available now is that in the Nurses' Home. It is a fine one, and there I found the expected audience augmented by some of the sister tutors and the deans of all the Scandinavian dental schools, come in for relaxation in the midst of an all-day conference. It is a pleasure to record that the high standard of clinical colour photography shown in the slides made in the Guy's Dental Photographic Department, mostly by Miss Whiteley, was much admired.

I left with a very happy impression of this rapidly growing medical, dental, and nursing consultant and teaching centre, in which both the local authorities and the central government obviously take a tremendous pride and in which a fine spirit of co-operation is prevailing. It is the hope of the provincial authorities that an independent university will ultimately develop and they are preparing a large air-field to minimize their isolation. It was also a great pleasure to note the whole-hearted royal and official support which dental education continues to receive in Sweden, and which places equal emphasis on research facilities for the staff and postgraduates and on arrangements for the clinical and theoretical training of students.

I cannot conclude without recording my gratitude for the very warm welcome given to my wife and myself by our Swedish colleagues.

TO THE WEST INDIES IN "THEODORA"—II.

NOVEMBER 1958—MADEIRA

10th October. Our eventual departure date was fixed as the 9th of October; but late in the evening the decks were still piled high with stores and gear of all kinds, in spite of the enormous quantity that had already disappeared below. We had a meal at a cafe round the corner, and then carried on, because Chris (the captain) thought we should have everything ready to sail first thing in the morning. At 2 a.m. we still were not ready, so we decided to go to bed.

The next morning was cold and drizzling, but at about 10.30 a.m. the yard manager and four or five equally rain-soaked yard employees came to see us off. We cast off our tow after half a mile, and hoisted the mainsail—only to have to lower it again and re-reeve the halyard, as it had been set up crossed in the blocks. Perhaps it was just as well that there was nobody to see us slink out of Southampton Water.

The tide was foul by the time we reached the Needles, so we dropped the kedge for a few hours just North East of Yarmouth amidst a glorious sunset glowing upon an extraordinarily foreign stretch of coast. Abroad at last, with only another 10,000 miles before we should see the Isle of Wight again.

11th October. The next couple of days were something of a baptism and constituted the most unpleasant weather we have had so far. We beat out to the Casquets under main, staysail and No. 2 jib (a small one with a chain luff) with the wind Force 4 and a moderate sea. We went about and headed for Start Point, and during the following night the wind increased until it was probably gusting up to Force 7. Linda (our girl) descended the main hatch beside my midship bunk in a shower of spray and announced that we would have to take in some reefs. The boat had been heeling over further and further and the water was guggling along the deck overhead, so the news did not come as a surprise. Unfamiliarity with the ropes and the general confusion of wind and water made this a rather lengthy, though not hazardous, business, as she lies very quietly when hove to. The scene was illuminated by the navigation lights, and red and green water seemed to be descending from straight overhead in large pieces.

It seemed wise to run for Brixham, partly because it turned out to be not very far away and the crew were tired, and also because our tall, graceful topmast had turned out to be more of a nuisance than it was worth.

We spent a few days in Brixham, taking down the topmast and relaxing in those very pleasant surroundings. One evening we went to the local cinema where an excellent film starring Jack Hawkins was showing. There was also an American film about teenagers taking the Great Step into adulthood, which Step, thank God, I never seem to have taken. The following day we set sail for Spain. The Met. Office told us to expect a change of wind to West or Northwest off Ushant, this proved to be correct.

Conditions in the Channel were moderate, though it did become necessary to take in two rolls of the mainsail during the night. I put her about and hove to by mistake while this was going on, so we decided to have supper in comfort.

18th October. The run across the Bay of Biscay was actually pleasant in patches, once you had become used to waves being rather bigger than before. They would come looming over your shoulder in the dark, make a noise like someone champing celery in your ear and then surge under the stern. It soon became clear that they were on our side, and we flew before them, taking 2¾ days from Ushant to Finisterre. As we ran down the coast of Spain, it became warmer and sunnier, until by the time we were off Vigo Bay the sky was blue, the waves sparkling, and we began to get worried about sunburn.

We put in between the attractive rocky islets of what must be one of the loveliest cruising grounds in the world, to the little fishing town of Bayona. The boat was made shipshape again, the dinghy assembled (it comes apart longitudinally and stows either side of the main skylight) and we tumbled ashore for an enormous fish and omelette supper, followed by a hazy stroll through mountainous, comic-opera streets, punctuated by occasional spurts of wild activity in fruitless endeavours to trap a ship's cat.

21st October. The Tagus is a most attractive river, of which we saw a great deal (though mostly the same stretch), during the next ten days. After a run of further story-book sailing down the coast of Portugal we dropped anchor off the Clube Navale at Cascais, at the mouth of the river. Just round the corner

was a British steamer that had gone on the rocks with the captain glued to the radar; apparently if he had looked out of the window, he would have seen the cliffs 70 yards away, as the fog had cleared half an hour earlier !

Most of our stay was spent at Barreiro, a creek on the South side of the river where it widens by Lisbon. There we made up some leeway in the constant battle against chafe and corrosion, as well as having all the bottle screws overhauled very cheaply. The Reynolds, an English family, looked after us in the nicest possible way, even lending us their half-deckers, so that we could sail up the creek and visit an old barquentine and three huge schooners recently returned from cod fishing on the Grand Banks.

31st October. The wind went round to the North East again, so we set off down the river like a scalded cat with two rolls in the mainsail. Darkness was approaching and the setting sun picked out the town on its hills, the foam-streaked water, and the sailing barges thrashing this way and that, in the delicate tones of an old aquatint.

3rd November. Three star sights had crossed practically at a point on the chart, so by rights we should have been thirty miles North East Ponto Santo, itself thirty-five miles north of Madeira, but at dusk there was no sign of land, nor did the lights appear. After an anxious hour, an intermittent glow could just be made out on the horizon ahead from a precarious perch on the crosstrees; it was a perfect landfall after all.

Dawn broke as we rounded the Eastern tip of Madeira, throwing the contorted lava cliffs and mountains, with their thick tablecloth of cloud, into clear relief. At 11.30 a.m. we picked up a mooring in Funchal, having covered the 540 miles from Lisbon in 3½ days.

C.H.S.

CORRESPONDENCE

Letter to the Editor of the Gazette

Grand Ball

SIR,—In view of the demand for tickets for the Grand Ball at the Royal Festival Hall, on 30th January, 1959, from 11.0 p.m. till 5.0 a.m., we should like to remind those people who intend to support this function that an early applica- for tickets would be advisable.

We should not like to see anybody, least of all old Guy's men, disappointed in their application for tickets as we believe some were for the recent Rugger Ball which was oversubscribed.

Tickets are available from the members of the Ball Committee and from Mr. J. Goodliffe, Appointments Bureau, The Medical School, Cheques should be made payable to "Guy's Hospital Medical School".

Yours etc.,

C. J. ROWLAND,
M. V. SMITH,
Hon. Ball Secretaries.

Guy's Hospital, S.E.1

Guy's Hospital Boat Club

SIR,—May I, through the courtesy of your columns, offer a plea on behalf of the Boat Club ?

At present, the Club is in a stronger position than has been the case for some time, the result being that there are three VIII's in regular training.

In order that these crews may improve, especially for next term's fixtures, it is essential that we have first class coaches on the towpath during training. If there are any Guy's men, past or present, who are able to coach, immense improvements would result, for which the Club would be very grateful.

We now row from the University Boat House at Chiswick, where conditions for tanking and tubbing are excellent, on Wednesday and Saturday afternoons, and Sunday mornings.

Will anyone who is interested please contact me at the earliest opportunity.

Yours etc.,

H. M. CLINK,
Hon. Fixture Sec., G.H.B.C.

NOTICES

GUY'S HOSPITAL CHAPEL—Christmas Arrangements

Tuesday, December 23rd	Southwark Cathedral Choir sing Carols in the Wards.
Christmas Eve	8.45 p.m. Blessing of Crib.
	11.30 p.m. Carols and Midnight Eucharist.
Christmas Day	5.30 a.m. Holy Communion in the Wards.
	6.00 a.m. Carols in the Wards.
	7.0 a.m. and 8.20 a.m. Holy Communion in Chapel.
	10.30 a.m. Morning Service.

GUY'S HOSPITAL REPORTS, 1958. Vol. 107. No. 4

SPECIAL NUMBER DEDICATED TO RICHARD BRIGHT (1789-1858)
(Physician to Guy's Hospital 1820-1843)

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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Christmas Music in the Chapel

The Music Club built itself a programme of splendid diversity and great interest for its recital of Christmas Music in the Chapel. Christmas Music tending to mean to the Londoner daily, and now and then double performances of the Messiah or mass-produced carols, it was quite magnificent to have a concert with music by Palestrina, Cornelius, Holst, Howells and Britten together with some traditional carols; and when performed as well as on this occasion, one laments the short-sightedness of many at Guy's who let so fine a chance slip them by. The rather meagre audience in the Chapel was, however, reinforced by the Guy's patients who were able to listen in on their headphones.

The Guy's choir began with a group of earlier music that ended with a memorable "Past three o'clock", here a single sleepy voice started in cold and frosty mood, gathered sound and warmth to it, and on to a climax of all voices glowing in the night with good news—a beautifully wrought performance. Under their excellent conductor Robert Sells the choir sang throughout with very considerable musical insight, acquitting themselves well in such rather problematical pieces as Holst's "Lullay my liking". Palestrina's motet "Thou art Peter" was perhaps placed too early in the programme to have gained the choir's full confidence, its difficulties are, without doubt, formidable. "Every valley shall be exalted" was sung by Martin Bailey who phrased its long runs with splendid clarity, though the foggy night seemed to have constricted his upper register somewhat. The Choir later concluded with an excellent group including Cornelius' "Three Kings", in which John Winter was the soloist.

The centrepiece of the concert was Britten's Ceremony of Carols, performed by a Guy's Nurses' Choir. This enterprising venture from the Nurses' Home has a history going back to the summer, and we must take our hats off to this choir's, and their conductor, Joy Strutt's, unwearying enthusiasm in overcoming the enormous difficulties that this work presents, and also those that various practical problems set: up to a few days before the concert there was no transport in sight for the harp to come to Guy's. It is the more pleasing to record that the work's hazards were not only successfully conquered but passed by smilingly like so many small ditches to step over lightly.

Britten wrote this piece some years ago, and as since then we have learnt that we have at length an English composer not of talent but of genius, it is interesting to look back and find the latent signs in an earlier work. It is scored for three-part treble voices and a harp, and has a variety of form handled with great skill, a profusion of invention, of beautifully shaped voice parts, of rhythmic subtleties, obstinate basses, minor seconds, that is very characteristic. The carols, mostly on medieval texts, are begun and ended by a candlelight procession of Halleluias. They range through many moods, and there is no doubt that the Nurses' choir was completely successful in embracing all of them. They overcame the devilries of intonation ("In freezing winter night") and of rhythm (the fierce triple canon "This little babe") with ease, and were as tender in "There is no rose" as they were jubilant in "Deo Gratias". Philippa Parker and Evelyn Shotten were the soloists, together with Margaret Cooper, who sang with a startling and moving purity of line that was most apposite to the work's innocence. The harpist, David Watkins, accompanied the choir well, and gave a very fine performance of his Interlude. To the conductor, Joy Strutt, must go a great deal of the credit in training and inspiring her choir to so excellent a pitch.

This most enjoyable concert was begun and ended by music from the organist, Cecil Cochrane.

T.S.

OBITER DICTA

Mr. Rex Lawrie—"Every year people of 80 grow younger."

Dr. Kauntze—"You've only got to mention Dalmation coach hounds too, and you will have run through the whole of gamut of Biochemical irregularities."

The Quodlibet Society

The Society met on Thursday, 4th December, when the guest was the Rev. Gervase Mathew, whose subject was "Some Recent Developments in Archæology".

Dr. Mathew defined archæology as "the art of reconstructing the past from objects", and traced its development from the study of Roman remains in Italy in the last century to the world-wide science today. He spoke of the great increase in public interest, which could not be entirely explained by television. A cynic might say that archæology had a sinister link with science fiction, that it was a form of escapism; but he attributed the public's attitude to a small-boy desire for buried treasure.

Dr. Mathew talked of Dr. Pitt-Rivers, who founded scientific archæology in the 1890's, and of Sir Mortimer Wheeler, with whom Dr. Mathew had worked many times, and of whom he told some delightful stories.

Mud-archæology, as he called it, was fully developed by 1938, and since then laboratory archæology has come into prominence. The estimation of fluorine levels was used to expose the Piltdown fraud, and in America studies of the radio-active carbon content had been claimed to date objects to within 150 years. Aerial photography was another important step, and future archæology would be evolved from the closer co-operation of art and science.

There was keen questioning from the 36 members present and Dr. Mathew dealt with it with great good humour. Mr. Richard Lewin was in the chair.

SPORT

RUGBY FOOTBALL

Guy's v. Coventry

At Coventry 6th December 1958

Result—Lost 45-0

After an extremely onesided game at Coventry Guy's were overwhelmingly beaten by six goals four tries and a penalty to nil. Some very inept tackling combined with appalling defensive blunders allowed the score to reach the proportions it did, but even so Guy's were bewildered by the constant changes in direction of the Coventry attacks, and never looked in the same class as their opponents.

The Guy's pack were up against a big, extremely mobile Coventry eight and in the set scrums were pushed off the ball time and time again. It should be mentioned, however, that before the end four members of the pack were handicapped to a greater and lesser extent by injury. Behind the scrum, the Hospital were completely lacking in penetration, this being in direct contrast to the strongly running Coventry three-quarters. Edwards had an unhappy game at full-back, his fielding and kicking being uncertain throughout.

Coventry scored within the first minute, and were eleven points in the lead within a quarter of an hour. After this Guy's improved and for twenty minutes or so held their opponents and showed signs of settling down to make it a more even game. However, Coventry had other ideas and before the interval increased their lead with two more tries. In this half Melville (2), Jackson and Robinson scored tries, and Cole converted three of these as well as kicking a penalty goal.

When play resumed, Guy's went close to scoring for the first time. Egwuata made an exciting 75 yard sprint inside the touchline, crashing through tackle after tackle, before being checked about five yards short of the Coventry line. Play was stopped for an infringement, but Guy's were awarded a penalty from the resulting scrum. Harris took the kick and had the chagrin of seeing the ball glance off an upright out of play.

After this Coventry took control again, and kept Guy's on the defence for the rest of the game. They scored further tries before the end through Stewart (2), Gardiner (2), Jackson and Melville. Cole converted three of these.

Final Score: Guy's 0, Coventry 45.

Team: G. Edwards; V. E. Egwuata, R. T. Hawley, C. J. Wright, D. A. Biggs; N. F. Boyd, J. R. D. Nicholas; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. R. Harris, I. Baker, D. R. Lloyd-Edwards, J. D. Bryant.

SOCCER

Inter-Hospital Cup Match

Guy's v. Westminster Hospital

At Cobham 10th December, 1958

Result—Won 8-3

As has happened all too frequently this season, Guy's made a regrettably slow start. Goals in the 5th and 7th minutes found them trailing 2-0 before the team started playing constructively.

A number of good movements appeared likely to produce goals as Guy's gradually gained supremacy. After about 20 minutes play, a shot which hit the goalkeeper and rebounded, was put into the net by Palmer. Less than a minute later a goal by Jaworski put Guy's on level terms.

The rest of the first half was an onslaught on the Westminster goal. Guy's played good football, passing crisply despite the muddy conditions, and took the lead with the best goal of the match. The movement started in the Guy's penalty area, and by a series of good passes the ball reached Heath half-way inside the Westminster half. He beat his opposite number, and as the goalkeeper ran out to challenge him he slipped the ball to Jaworski who put it into the empty net. A goal scored by Landers put Guy's 4-2 up at the interval.

Kicking off uphill in the second half, Guy's settled down to play some good attacking football, but occasional breakaways by Westminster looked dangerous. The play became

rather casual for a while, but a goal by Landers brought the game to life again. Although he did not score himself, Gibson's well-placed passes often had the home side's defence in trouble. Two further goals by Jaworski looked like ending the scoring, but with 10 minutes to go Westminster retaliated and made the score 7-3. Another very dangerous shot by the Westminster centre forward was well saved by Rowland. Guy's worked the ball upfield, and a pass from the left found Heath unmarked on the penalty spot, from where he scored the final goal. Soon afterwards the final whistle blew, and Guy's were through to the semi-final, having won 8-3.

Team: C. Rowland; D. Smith, C. Lamb; C. Barrett, H. Missen, A. Palmer; W. Landers, I. Gibson, J. Jaworski, B. Heath, D. Wright.

ROWING

United Hospitals' Regatta

Guy's had a very encouraging entry for this event on 19th November.

Junior VIII's—"A" Crew

Guy's entered two eights for this event. In the first heat, rowed over 1⅜ miles from the Crab Tree Hotel to the University Boat Race stone. Guy's had the Surrey station and St. Mary's the Middlesex station. Guy's went off to a fine and almost decisive start and at Beverley Brook were about two and a half lengths ahead. They continued to increase their lead, rowing with cohesion and rating about 23 to win easily.

In the semi-final Guy's were beaten by St. Thomas's, the eventual winners. Both crews were off to a fairly good start but St. Thomas's, who were on the Surrey station, took greater advantage of the stream and were about a length ahead at Beverley Brook. They won by two lengths and beat Westminster in the final by one and a half lengths.

"B" Crew

Guy's were unfortunate in being drawn against the more experienced Westminster "A" crew who took the Surrey station. Guy's were off to a good start but at Beverley Brook were about two lengths down, but considering their more formidable opponents, rowed very well and lost by about three lengths. Westminster beat Bart's in the semi-final by two lengths and lost to St. Thomas's in the final.

Senior IV

The first heat was rowed from the mile post to the University Boat Race stone. Guy's had the Middlesex station with St. Thomas's on the Surrey station. The Guy's crew was taken from last year's Junior VIII and was formed at the beginning of this term. The St. Thomas's crew, with the exception of one man, was identical with the crew which did so well at Henley this year.

Guy's were about a length down soon after the start but reduced this to about a canvas by the boat-houses. However, superior strength and experience proved to be decisive and Guy's eventually lost by a length and a half. St. Thomas's were surprisingly beaten in the final by the London.

Junior IV's

This was rowed from the Mile post to the University Boat Race stone.

In the first heat Guy's were against St. George's on the Middlesex station. Guy's were off to a very powerful start and were well clear of St. George's in the first ¼ minute. They paddled past the boat-houses at a rating of almost 22 and won easily.

In the semi-final Guy's beat Middlesex easily for which once again the very fine start was mainly responsible. In the final against St. Thomas's, Guy's were beaten by two lengths.

Both crews set off to a good start but at Beverley Brook Guy's were about one and a half lengths down. At the beginning of the boat-houses, cox called for a spurt and Guy's closed the gap to a length, but the strenuous race in the eight a short time before took its toll, and the gained distance was lost.

Rugger IV's

The course was from the black buoy at Beverley Brook to the University Boat Race stone—about 400 yards. In the first heat, a very determined Guy's crew beat Bart's "B" easily. In the semi-final, probably the most exciting race of the day, both crews were almost level for most of the course but after a succession of erratic spurts on the part of both crews, Bart's "emerged" the winners by a canvas. They eventually lost to St. Thomas's in the final.

Junior VIII "A" Crew: Bow, S. King; 2, L. Usiskin; 3, G. Webb; 4, R. Durance; 5, S. Faithfull; 6, C. S. McKenzie; 7, H. Clink; Stroke, D. Richards; Cox, J. Knowles.

Junior VIII "B" Crew: Bow, G. Garside; 2, R. Porter; 3, B. Burt; 4, C. Lochlan; 5, A. Lees; 6, J. Atkinson; 7, S. Nundy; Stroke, T. Helmer; Cox, M. Burke.

Senior IV: Bow and Steersman, W. Long; 2, P. Dobson; 3, R. Heald; Stroke, J. Axton.

Junior IV: Bow, S. King; 2, S. Faithfull; 3, H. Clink; Stroke, L. Usiskin; Cox, J. Knowles.

Rugger IV: Bow, J. James; 2, T. H. Redpath; 3, J. Stanford; Stroke, A. Williams; Cox, J. White.

London University Winter VIII's

Guy's entered three crews in this event on Saturday, 6th December, two in the Senior Division and one in the Junior Division.

The course is 7 furlongs from Kew Railway Bridge to Chiswick Bridge.

"Extra A" Crew

This crew was formed about a fortnight before the race from this term's Senior IV together with four untrained but experienced members and was entered as the Gentlemen's crew.

In the first heat of the senior division Guy's took the Middlesex station with Royal Veterinary College in the centre and Northampton Engineering College on the Surrey station. After a somewhat lackadaisical start, Guy's were about ½ length down on Royal Vets., striking a comparatively lower rating. After passing the University Boathouse, Guy's settled down to a steady rating of about 26 and after 2 minutes led by about ¾ length. This lead they increased to win by 1½ lengths from Royal Vets. and with N.E.C. about three lengths behind them.

In the next heat against King's "A" crew, Guy's lost most of the poise and co-ordination evident in the first race, possibly due to unfitness, with a result that they lost by 1¼ lengths after being down almost from the start.

"A" Crew

This consisted mainly of the Junior VIII crew of this term.

In the first heat of the senior division Guy's again took the Middlesex station with King's "B" in the centre and King's "A" on the Surrey station. The start was unfortunate in that Guy's and the King's "B" crew clashed blades several times with a result that the King's "A" crew took the lead past the University Boat-house. Guy's made a gallant attempt to recover the lost water, but the King's crew had established a lead of nearly a length. The result was a win for King's "A" by 1½ lengths with Guy's second and King's "B" a close third.

"B" Crew

In the Junior Division Guy's "B" rowed on the Middlesex station with King's "B" in the centre and Westminster Hospital on the Surrey

station. Soon after the start, due to bad coxing on the part of the King's crew there was a collision between the King's and Guy's crews in which the canvas of the Guy's boat was damaged. However, the race continued with Guy's leading the King's crew comfortably but losing to Westminster by two lengths.

Although materially, the regatta was unsuccessful for Guy's, it is nevertheless interesting to note that in the senior division both Guy's crews were within 1½ lengths of the King's "A" crew who eventually won the event by beating Battersea College, last year's winners, in the final by two lengths.

Extra "A" Crew: Bow, W. Long; 2, P. Dobson; 3, G. Read-Ward; 4, F. Schweitzer; 5, R. Heald; 6, R. Mindham; 7, W. Esson; Stroke, J. Axton; Cox, J. Knowles.

"A" Crew

Bow, R. Rippon; 2, L. Usiskin; 3, R. Andrews; 4, D. Richards; 5, S. Faithfull; 6, C. S. McKenzie; 7, H. Clink; Stroke, R. Durance; Cox, J. Knowles.

"B" Crew

Bow, G. Garside; 2, R. Porter; 3, B. Burt; 4, C. Lochlan; 5, J. James; 6, J. Atkinson; 7, H. Clink; Stroke, S. Nundy; Cox, M. Tarlow.

BOXING

Guy's v. Imperial College

Guy's Hospital Amateur Boxing Club entertained the University Champions, Imperial College, in the Pavy Gymnasium, on 5th December.

The number of bouts was reduced to six—Imperial College failing to find opponents for J. Weedy, E. J. Chater, D. R. Stubbs and S. McH. Young.

(Guy's named first)

1. *Light-Weight.*—R. Sainsbury *v.* D. Whitby.

A newcomer to Guy's boxing, R. Sainsbury boxed intelligently against a far more experienced opponent who found Sainsbury's close boxing difficult to deal with. Following a fierce exchange in the second round Sainsbury was unsighted by blood in both eyes and the referee stopped the fight.

2. *Feather Weight* — M. Reeve *v.* R. Kirpelani.

In a fast, well matched contest M. Reeve always had the upper hand against an experienced boxer, beating him to the punch. Fitness told in the third round with Reeve finishing strongly to win on points.

3. *Light-Welter Weight*—
P. Leopard *v.* D. Jackson

P. Leopard with an advantage in experience started in too much of a hurry but settled down scoring with powerful punches and the referee was obliged to stop the fight in the second round after Jackson had been down for a count of nine.

4. *Light-Heavy Weight*—M. Loader *v.* P. Vine

Another newcomer M. Loader boxed well leading and forwards against a very composed opponent. With a stronger punch Loader might have finished the fight in his favour. Unfortunately the decision went the other way.

5. *Heavy Weight*—A. G. Williams *v.* P. Davis.

A. Williams, the Guy's heavy weight carried the hopes of supporters in the first round. In the second round following an entanglement with his own feet (for which he apologized) a left to the jaw sent him back. He did not recover his previous composure and the referee stopped the fight.

6. *Welter-Weight*—
J. Holmes-Smith *v.* J. D. Maltby

Since his opponent had no medical card—a serious misfortune for Guy's—Holmes-Smith boxed an unadjudicated exhibition bout, giving a very good display of powerful boxing, not being allowed in the circumstances to k.o. his opponent which he undoubtedly would have done otherwise.

Thus of the official bouts, Guy's lost 3-2.

GOLF

The Clinical Winter League
Division "A"—Round 1

Mr. R. H. F. Brain	(7)	1
T. G. Tetlow	(8)	
beat		
Mr. N. L. Eckhoff	(14)	0
R. J. Cockerill	(2)	
4 and 3.		
Dr. M. H. H. Bishop	(7)	1
D. Holmes	(Scr.)	
beat		
Dr. F. G. Stoddart	(18)	0
J. J. Maher	(18)	
5 and 4.		

HOCKEY

Guy's 2nd XI beat Charing Cross and the Royal Dental School 9-0 in the first round of the Junior Hospital Cup.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar in Thoracic Surgery** with duties commencing as soon as possible after 1st January, 1959, until 30th September, 1959, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **31st December, 1958.**

APPOINTMENTS

GUY'S HOSPITAL

The following Assistant Dental House Surgeon appointments have been made by the House Committee for the period 1st January to 31st March, 1959 :

General Duties: Mr. G. F. De Silva, Mr. J. L. Humphrey, Mr. B. N. Goode, Mr. M. J. Hill.

Children's Department: Miss J. Joslin.
Preventive Dentistry Dept.: Mr. T. T. Kolb.

J. Luder, M.D., M.R.C.P., D.C.H., has been appointed Consultant Paediatrician at the Royal Northern Hospital, Holloway Road, London, N.7.

PASS LIST

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Diploma

P. G. Benson	H. C. Meredith
J. de B. J. Dade	R. J. R. Moffat
St. John Dowling	K. F. C. Muncey
R. W. Edmonds	E. M. Newton
D. K. Fairweather	Hazel M. Phillips
G. A. Irving	S. C. C. Scott
I. K. L. Jones	D. H. Williams
N. D. Kilpatrick	C. D. Wooding

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination
December, 1958

Anatomy and Physiology

B. K. Arthur
R. B. Charter
G. N. Coad
G. W. Cooke
C. R. Darracott
R. A. Ellis
M. H. Fanner
M. D. Gann
E. J. Grant
D. J. F. Gurney
P. Howard
K. F. R. Hutchison
F. J. J. Knight
J. G. Mitchell
B. S. Morgan
R. H. Pearce
H. R. Rippon
M. E. Robinson
J. E. St. Pierre
Sandra M. Stubbs
H. W. Thomas
P. J. S. Turner
T. Wild

Special Anatomy and Physiology

B. K. Arthur
J. M. Brown
P. A. Chamberlain
R. B. Charter
G. N. Coad
R. A. Ellis
M. H. Fanner
T. J. Freeman
M. D. Gann
E. J. Grant
D. J. F. Gurney
P. Howard
K. F. R. Hutchison
M. B. James
F. J. J. Knight
P. J. E. Lang
A. Leigh-Browne
J. G. Machado
J. G. Mitchell
B. S. Morgan
J. J. Ostrowski
H. R. Rippon
M. E. Robinson
J. E. St. Pierre
P. J. S. Turner
R. V. Westlake
T. Wild

Second Examination
December, 1958

S. G. Adamson
M. A. C. Archer
W. H. Hardy
Margaret K. A. Harwood
A. C. Knight
T. Lloyd
C. J. McAleer
J. J. Mather
M. Overington
K. M. Pilcher
D. C. Phillips
L. Walters

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Physics

G. Hadshar
Rona Z. Johns
J. R. P. F. Liddiard
W. A. Wood

Elementary Biology

M. D. Bourne

NURSING NEWS

Entered:

S/M R. White to *Victoria.*

Left:

S/M P. Martin from *Victoria.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Barber, Hugh. Exercise and the Heart. *N.A.P.T. Bull.*, 1958 (December), 21, 168.

Beales, Philip and another. Rapid Healing after Mastoid Surgery by the Use of the Post-Auricular Flap. *J. Laryng.*, 1958, 72, 888.

Berry, E. H. J. and another. Multiple Hydatid Cysts of the Lung. *N.Z. med. J.*, 1958, 57, 470.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Required

ASST. DENTAL SURGEON, Bedfordshire. Young Assistant Dental Surgeon required. Accommodation available. Box No. 163.

ARMY EMERGENCY RESERVE. 15 Casualty Clearing Station R.A.M.C. has vacancies for volunteers in all ranks. The only commitment is 15 days Annual Training with pay and bounty. Inquiries: Lt.-Col. Nicholls-Palmer, 15, Inglis Road, Colchester.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only. They make welcome Christmas Gifts.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

G. V. W. Doherty, M.R.C.S., 12, de Kock Street, Vryburge, C.P., South Africa.

H. E. Holling, M.Sc., M.B., Ch.B., F.R.C.P., Hill House, Ivy Mills Road, Wa Wa, Pennsylvania.

A. C. Kerr, Ph.D., B.Sc., L.D.S., The Forsyth Dental Infirmary, 140, The Fenway, Boston, 15, Mass., U.S.A.

J. Luder, M.D., M.R.C.P., 30, Weymouth Street, London, W.1. (Langham 4084) (Consulting Room).

R. J. R. Moffat, M.R.C.S., D.Obst., R.C.O.G., 80, Foxearth Road, Selsdon, South Croydon. (Sanderstead 4655).

A. H. Noll, B.D.S., L.D.S., 13, Shepherd's Hill, Highgate, London, N.6. (Mount View 1663).

J. S. van den Berg, L.D.S. R.C.S., Medical Centre, Virginia, Orange Free State, South Africa.

C. J. Wallace M.B., B.S., 7, Lonsdale Road, Cyncoed, Cardiff. (Tel. 44991).

M. J. Williams, M.B., B.S., D.Obst., R.C.O.G., 10, Esher Close, Basingstoke, Hants. Basingstoke 2466).

BIRTHS

FROST.—On 29th November, 1958, at Ndola Hospital, N. Rhodesia, to Judith (née Lamb, M.C.S.P.), wife of Philip Frost, B.Sc., M.B., B.S., D.Obst., R.C.O.G., a daughter (Johanna)

GIE.—On 30th August, 1958, at Cape Town to Norma and Michael Gie, M.B., B.S., a daughter (Alison), sister to Gregory and Ian.

TAYLOR.—On 12th October, 1958, in Jersey, to Janet (née Belton, S.R.N.), wife of John Taylor, B.A., B.M., B.Ch., a son (Paul), a brother for Graham and Susan.

MARRIAGES

BRADBROOKE — HAYHOE. — On 11th October, 1958, at Bournemouth, Hants, David Hugh Bradbrooke, A.A.I., to Wila Olive Hayhoe, S.R.N.

MILLER—MACE.—On 29th November, 1958, at St. John's Church, Blackheath, S.E.3, John Galbraith Miller, M.B., B.Chir., to Susan Anne Mace, S.R.N.

MITCHELL—FISK.—On 22nd November, 1958, at All Saints' Church, Hampton, Joseph Charles Victor Mitchell, L.D.S. R.C.S., to Barbara Dorothy Fisk.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

ONCE again we have the pleasure of wishing to all Guy's men and women and their families, a very happy New Year. While the year ends on arbitrary days in some connections with more practical significance, such as the fiscal and university years, the change of the date has an age-old fascination and promise which never fails. 1957 is behind us—what place will it have in our memories in future years ? In the broad field, the conquest of space has begun with the incredible fact of the man-made moons—this will surely mark the year as one of the turning points of history. To us in the Hospital, although we date our buildings from their completion, the year's greatest satisfaction has been to see work commence on the modern surgical block which we have needed so long and so badly. For each of us, 1957 may have had a special significance, bringing marriage, or a birth. It may have been a happy year, a humdrum, or even a disappointing one, but as we put another diary away in the drawer and start a new sheet headed 1958, who can resist the feeling of hope and confidence in what the new year will bring, however ill the omens ? For some of us 1958 is another year in our settled, chosen path of life, for others it is the magic figure, borne in mind for years—the year we become a doctor. For others again, still at school, 1958 is the year in which they go to join the still mysterious but attractive community known as Guy's. Whatever the year holds for us, let us not heed the harbingers of misfortune, but join, as did the Wise Men who in the first New Year paid homage to their Lord, in confidence in the future and full acceptance and enjoyment of the present. A very happy New Year !

We wish *bon voyage* to Mr. J. B. Blaikley, who leaves on 4th January for Australia, where he is to be this year's Sims-Black Visiting Professor in Obstetrics and Gynaecology of the Royal Australian College of Obstetricians and Gynaecologists. While he will not be there for Christmas on the beach, he will be enjoying summer sun during February and March. We hope to welcome him with Borough sunshine when he returns in April !

A visitor to the *Gazette* office last week was Dr. D. C. Turk, who has since left to take up his appointment as Lecturer in Bacteriology at the University College of the West Indies, in Jamaica. We wish him and his wife (formerly Miss Mary Helson, a Guy's nurse) every success and happiness in their new surroundings.

We have been saddened by the loss of two well-loved Guy's men in the past few weeks, Dr. Maurice Mitman who died at the Joyce Green Hospital on 13th December after a long illness; and Dr. Earl Moore, whom we include as a Guy's man since he adopted our Hospital as his home in England, and entertained Guy's men in America as members of his own family. He visited Guy's three years ago to spend some months teaching here on the exchange system with the Johns Hopkins Hospital. To their families we extend our sincere sympathy.

Great Maze Pond is well and truly in the wars as we move into 1958. The laying of a pipe from end to end of the road is just completed—having allowed some delightful fountain effects to be witnessed on more than one occasion, when the integrity of the water-main has been suddenly disturbed. The crossing by tunnel to the College was an anxious one when the pneumatic drills were close at hand, giving perhaps an inkling of what it is to be depth-charged in a submarine. In addition, the excavators installing the cobalt bomb below *Barnabas* now have neighbours who are attacking the road from beneath, in readiness for the tunnel to the new block. While this has prevented a drop in noise level, the volume of traffic has declined noticeably since "No Through Way" signs were posted at the entry from St. Thomas's Street, and we wonder wistfully once more whether Great Maze Pond is as indispensable to public traffic as we have been told in the past, when seeking to acquire it as a private road for the Hospital.

At a recent meeting of the *Gazette* Committee, Dr. P. M. E. Drury tendered his resignation as Editor, which was accepted with reluctance. He joined the *Gazette* in March last year, and has been Editor since September. Mr. J. A. Wall succeeds him as Editor, and we welcome as Assistant Editor Dr. T. R. Cullinan, who needs no introduction to those who have attended the last two Christmas shows.

In our last issue we published a letter from a correspondent who protested at his phrase "the fever and the fret", in a quotation from Keats, appearing in print as "the nerves and the feet", and attributed another mistake to "some unsophisticated clot in the writing room". Thinking that this was a rebuke to the editors for not recognising the incongruity of the published version of his letter, we were happy to publish it as such. It has been pointed out to us, however, that the phrase might be taken to refer to the compositors at the printing office. We reiterate that the editors are fully responsible for what appears in print, including mistakes, and must in any case absolve from blame Messrs. Ash, whose high standard of printing is coupled with a capacity for deciphering communications which would not disgrace Naval Intelligence. We nevertheless regret the misprint, and apologise to our contributor.

GUY'S DIARY

JANUARY 1958			Exhibition. Department of Surgery. *Famous Names in Surgery.*
6th	M	12.00	Dr. Marshall L. Snyder (Dental School, University of Oregon). Dental Clinical Lecture. *Laboratory Tests for the Estimation of Caries Activity.*
7th	T		Mr. R. E. Rix. Dental Clinical Lecture. *Effects of the Early Extraction of Caries Activity.*
8th	W	4.30	Science Club. Dr. J. D. Williams. *Renal Biopsy.*
9th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *The Management of Carcinomatous Deposits in Bone.*
		4.30	Physiological Society. Mr. J. M. Simpson. *Intelligence.* Physiology Theatre.
10th	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
11th	S	10.00	Mr. H. J. B. Atkins. Departmental Round. Rugby. 1st XV v Plymouth Albion (Plymouth).
13th	M	1.00	Mr. Murray Falconer. Clinical Lecture. *Surgical Treatment of Temporal Lobe Epilepsy.* Rugby. 1st XV v. Paignton (Paignton).
		4.45	Dr. P. M. F. Bishop. Endocrine Demonstration. *Anorexia Nervosa.* Guest speaker : Dr. D. Stafford-Clark.
14th	T	1.00	Mr G Blackburn. Clinical Lecture. *Hoarseness in Thyroid Disease.*
16th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		4.30	Physiological Society. Mr. M. C. Pietroni. *Physiological Effects of Alcohol.*
18th			Rugby. England v. Wales (Twickenham).
20th	M	1.00	Mr. J. S, Batchelor. Clinical Lecture. *Congenital Dislocation of the Hip,*

NOTICES

THE ART SOCIETY

The Art Society has arranged for Mr. Philip Lambe, Member of the Royal Society of Portrait Painters, to give a demonstration of painting in oils from a living model, on 16th January, in the Dental Theatre, from 5 to 7 p.m. All members of the Hospital and Medical School welcomed.

CORRIGENDUM

In our last issue, the caption to the photograph of the Theatre Club's production "Montserrat', wrongly identified Ricardo, played by James Carmichael, as Luhan, played by Emeric Vadasz.

Sixty Years Ago

From Guy's Hospital Gazette, 3rd January, 1898.

From a letter by T. W. Landon after the Children's Tea Party.

Dear Sir,—Now that Christmas has come and gone I wish to thank all those who so kindly helped to make the Out-patient Tea the success it was, and I know of no better way than through the Hospital *Gazette*. The success was due not to the individual efforts of one or two but to the co-operation of many, all of whom worked in the greatest harmony and for the same end. I'm sure they must feel satisfied with the result. I have been told that in the Boro', the Tea is still the chief topic of conversation, some of the children being surprised at being allowed to return home without "being chloroformed first."

. . . In conclusion, I thank all on behalf of the children, who will look back with pleasure to Christmas 1897. If the inhabitants of the Borough by any chance now regard the Hospital in a more friendly light, our labour has not been in vain; let us hope so.

MISS MARY TAYLOR—A TRIBUTE

Many Guy's men will be saddened by the news that Miss Mary Taylor passed away in Guy's on Friday, 13th December, after a short illness.

For nearly thirty years she had kept "digs" near Honor Oak Park for Guy's students, and provided the lucky ones who lived there with a real home. Her interest in her "boys" never failed even after they had qualified and left her, and the affection in which she was held was evidenced by the walls of her room crowded with photographs of Guy's men in wedding groups, Hospital groups and with their families, and also by the multitude of Christmas cards she continued to receive year after year.

She had been in failing health for some time, but remained in good spirits. On 10th October she celebrated her eightieth birthday, and was delighted to see so many of her friends who came to the party, some of whom had travelled a long way to be there.

With her passing Guy's Hospital has lost one of its oldest and most loyal friends. R.I.P.

H.L.

A TOUR OF THE WARDS—CHRISTMAS, 1957

The usual combination of forethought and last-minute rush, of bold amateurishness and near-professional skill, of traditional theme and startling innovation, again made the Guy's Christmas decorations worth the lengthy journey of inspection, up hill and down dale in four main buildings.

We began our peregrinations at *William Gull* ward, where we were invited to survey Spring, Summer, Autumn and Winter, each conveyed by a vivid tableau of life-size, the autumn harvest and the sun-soaked beach being particularly convincing. At the doors were two of the attractive Nativity posters which appeared throughout the Hospital. Descending to *Miriam* and *John*, we found a piquant contrast between the old fashioned Christmas which was the theme in *John*, and the manned spaceship and other phenomena in *Miriam*. The opposite doorway was a tunnel entrance to the *Caleb* and *Diplock* Railway, and a stroll along the permanent way, halted for a short while at a manned signal, revealed a most realistic railway system, apparently running into a French-speaking land, with a vista of Parisian rooftops in the midst of the two wards; while the locomotives depicted rushing around were joined by the large-scale Santa Express on which Father Christmas rode the tracks on Christmas morning. A return to the space-age was in store when *Bright* and *Wilks* were visited, while a further contrast was provided by the old-world Christmas Fair through which one passed to get there. In *Mary*, the decorations made a cheerful sight, belying their title "Christmas Chaos". *Addison* was decorated on a general theme of Christmas, while *Victoria* proclaimed "Business as usual" on the door. Division I was under-water, with fish galore, and an island of green forest haunted by owls. Division II, one of the highlights of the Hospital, was an Oriental enclave, with a mournful camel contemptuously looking down its nose at us from the shade of a palm tree beside a sunlit harbour. Brushing through a bead curtain, we had time to notice a harem and a bazaar before returning to the West in *Ruth*, where a cheerful atmosphere went with the theme of a Dickensian Christmas, beautifully illustrated. *Barnabas* went Around the World in 80 Days, to music, aided by sumptuous and tantalising publicity for all the places one would like to visit.

Moving to Guy's House, we entered the air-lock in the Colonnade, making sure that both doors were not open at once, to assess *Dorcas*' contribution to the Geophysical Year. Astral navigation held us spellbound as we passed a moon crater, raised our hat to a gentleman with flashing lights in his helmet, and passed

on to *Sarah Swift*, where the stars were fully explored in the astrologer's manner. The Zodiac exerted a benign influence on the ward, which repaid a round trip with some animadversions in rhyme on the gynaecological gentlemen who come under the different stars. Up to *Lydia*, where we were invited to go around the world, this time in 80 seconds! Breathless, we called at *Astley Cooper*, where three life-sized Wise Men, an attractive crib and a splendid model of a cathedral reminded us why we were there. This theme was pleasantly taken up in *Queen*, where the Little Town of Bethlehem had been depicted, with another charming crib and some very good murals. *Job* invited us in through the person of Winnie the Pooh, who with his friends accompanied us during our expotition along the ward. *Christopher* was a startlingly modern art gallery, where a pictorial biography of a certain superintendent showed him playing with an ovoid object at an early age. In *Luke* the traditional Christmas décor again prevailed, centred around a crib. *Patience* and *Samaritan* repaid a long look with the Pied Piper of Hamelin leading us, entranced by paintings, verses, and frighteningly real rats. *Theatres* had a very comfortable Regency drawing room to greet the visitor.

Nuffield A floor was the battleground of cowboys and Indians. Nuffalo city was so stained with citrated gore that we were relieved to arrive in King Wenceslas' land on B floor, where we followed in his footsteps most vividly. C floor was graced by a splendid painting of stained glass, which crowned a passage lined with slender candles, leading past the crib. The latter we found was called a *presebre* on D floor, nestling under the *arbol de Natividad*, while senoritas disguised as nurses pretended that this was not really Spain, but a spot in London, south of the river. Eventually we were convinced, and, after looking at some excellent caricatures in *Theatres*, went on to York Clinic. The first floor, a nautical coffee bar, offered refreshment to passengers on *H.M.S. Sutty-Clark*. Just above, York II had produced the Holly and the Ivy, complete with running deer and merry organ. York III, a Nigerian village, asked "Which doctor ?", and replied "See Psychiatry Today". There was a genuine native-type footprint near the *Saucy Fleminger*, drawn up on the beach. Finally, we relaxed in the Hot Box and Hoof and Horn Club, a night club which we had not realised was on the fourth floor. Lavishly decorated, it will be worth another visit. Or can it, like the other splendid sights of the past few days, have melted already into the past?

CHRISTMAS SHOW, 1957

Once more Christmas in the Hospital was enlivened by a show which is fast becoming traditional. It is more a reincarnation than a new appearance because its ancestors have appeared in different forms almost throughout the history of Guy's; its performance on a stage in Out-Patients Hall seems to be the best arrangement for the times.

This year it was brisker than last and seemed to move faster—possibly because "props" were almost entirely absent and the time between scenes cut to a minimum. As always one or two names stand out among the very considerable talent; Malcolm Tuddenham deserves an easy first for sheer, splendid showmanship. As producer, singer and organiser his popularity both behind scenes and in front was outstanding. Again we were entertained by songs written by Tim Cullinan and Peter Drury; and here it must be said, without fear of exaggeration, that Peter Drury's music, which reached its height in the final chorus, has overstepped the bounds of amateur dramatics and really deserves wider fields to conquer. To the quality and the "catchiness" of the tunes the spontaneous audience participation is a living tribute.

Three gentlemen in close harmony were certainly one of the highlights of the evening; Alan Cooper, Graham Bury and John Eustace have, with a little adjustment, the faces of natural clowns. Beyond their immediate merit their enormous attraction was in the fact that they will be with us for several years to come.

And there were others; Robin Gain deserves mention for his stage managering and Sister Chrimes for her patience; in fact everyone deserves mention but there is no room to do so. Criticism is justified when entertainment has been so good, but it is only very slight. Bernard Coleman's natural talent and ability was slightly marred by the microphone which rather distorted the words; Dennis Yetman was, perhaps, a shade too self-deprecatory in what was otherwise a very good act and the Clark Twins would hold a wider audience in complete mystification and awe if their printed cards were somewhat larger. But these are all trivial points; the show was good, very good and the many congratulations the cast has received are the very least they deserve.

THE PROBLEM OF GLAUCOMA

By FRANK W. LAW

Being the Thirteenth Foundation Lecture of the British Optical Association,

Delivered at the Royal Institution on 9th October, 1957, *And reprinted by courtesy of the Association.*

THE term glaucoma arose from a Greek word which means "sea-green", and was applied in the distant past—certainly in the time of Hippocrates—to any condition of the eye in which there was loss of vision, notably in the elderly, associated with such a discoloration of the pupil. It was centuries later that this appearance became associated with raised intra-ocular tension in the conception of glaucoma ; in the meantime there is no doubt that it was not differentiated from cataract, and possibly from other conditions as well. As time went on the essential feature of raised tension became more firmly established; it is clear, however, that for ages when a morbid condition of the eye which included raised tension was being described, it was practically always one of acute glaucoma or absolute glaucoma. In the early nineteenth century Sir William Lawrence gave the name acute glaucoma to a condition of the eye which was considered to be an iritis due to gout. It was William Mackenzie who first properly differentiated between cataract and glaucoma acknowledged to be associated with raised intraocular tension. Von Graefe attempted some classification of the condition in 1857, *i.e.*, after the introduction of the ophthalmoscope.

It may be safely assumed that the surmises as to the aetiology of the disease at that time were many and varied. Inflammation of various parts of the uveal tract was invoked; the nervous supply of the eye, the sclera, the vitreous, and the lens were all involved in this speculation. Gradually evidence accumulated which seemed to implicate the angle of the anterior chamber; the discovery that miotics could have a favourable effect upon the condition was an important step. The accepted element of raised tension directed the thoughts of those then studying the problem to operative relief by puncture of the globe. The iridectomy of von Graefe has stood the test of time and is still employed in some manifestations of the condition; the multiplicity of drainage operations which have since been evolved is an indication not only of the ingenuity of those who devised them but also, unfortunately, of the inadequacy of any one of them to provide a certain relief for the condition.

A study of the history of the investigations into the pathology, aetiology, and treatment of this disease in the middle of the last century is a fascinating exercise involving many famous names. Starting in an atmosphere of difficulty and complexity, the subject reached a stage of spurious simplicity. Modern research, proceeding inexorably, as we hope, to a complete explanation, has proved once again the complexity of the problem, and led us to a real understanding of its difficulty and its implications; but not, so far, to a solution of all the aspects of this many-sided disease complex.

Statistical

In order to give an idea of the statistical importance of glaucoma in this country I could do no better than quote from the figures, collated, analysed, and re-presented, with the skill for which he is famous, of one who occupied my position and discharged my present function three years ago—my colleague, Professor Arnold Sorsby. Considering the older age-groups only, there are three conditions which together account for 60 per cent. of the registered blind—cataract, senile macular degenerations, and glaucoma. The last occupies last place with 14 per cent. Taking those cases registered blind from glaucoma in the period 1948 to 1950, in 35 per cent. of these no treatment had been given. Complete treatment—to use Sorsby's own phrase—had been given in 58 per cent. In his comment he makes the statement that treatment had failed in 58 per cent. of cases. I submit that this statement might easily mislead one into concluding that in a series of treated glaucoma cases 58 per cent. had failed; but this is not so. What he really means is that treatment had failed in 100 per cent. of a series of cases *registered as blind from glaucoma*—not a surprising observation. If it had succeeded they would not be on the blind register. No deduction from these figures can be made as to what percentage of cases were successfully treated, nor, indeed, in even the list of registered blind, of how many years of sight treatment had succeeded in obtaining for the patients before blindness eventually overtook them.

At the Oxford Ophthalmological Congress in 1955 a paper was read which purported to prove that field loss continued at a greater rate in the operated cases of glaucoma than in those treated conservatively. I was dismayed and horrified by this conclusion, and I set to work to analyse a series of my own cases, confident that I could refute such a depressing thesis. This I did in the following year, at least to my own satisfaction, and, I think, to that of the members of the Congress. Sorsby reports an increase in the proportion of elderly blind (aged 70 and over) in the recorded statistics, from 22 per cent. in 1923 to 47 per cent. in 1951. This he attributes to a greatly increased proportionate incidence of the causes of blindness operative in the elderly—cataract, glaucoma, and the senile macular degenerations, and quotes figures to show that 44 per cent. of those registered cases were so attributable in the period 1933-43, while for the period 1948-50 the figure had increased to 60 per cent. That is true as it stands—we must ignore just now the influence of variation in the method and efficiency of registration; what is important, however, is to realise that this increase of 16 per cent. is made up as to 6 per cent. by cataract and 9 per cent. by senile macular lesions, glaucoma remaining practically stationary (13.4 per cent.-14). While I would never belittle the seriousness of glaucoma in blind statistics, I think it is fair to point out these figures. Our aim is to combine to cause a fall in the number of registered blind from glaucoma to a numerically negligible figure; the annual registration today is in the neighbourhood of 1,500. This aim will certainly come nearer to achievement by means of early diagnosis; and while it is clear that we have a long way to go in this direction, I feel that Sorsby's conclusion is unjustifiably gloomy. He says "it is obvious that early diagnosis is the exception rather than the rule". I find it difficult to understand how a study of blind statistics alone can lead to this conclusion. For a reasoned opinion on this aspect of the subject one would have to know how many cases of glaucoma were diagnosed early, treated, and arrested—which, from the patient's viewpoint is the same as cured. Concentration upon the opposite side of this picture may lead to an unjustifiably depressing outlook, though I would repeat that I would be the last to belittle the importance of constant vigilance and continued research.

Definition

The task of definition cannot be evaded, and it is one which cannot be completed satisfactorily at the present stage of our knowledge. I submit: Glaucoma is a name given to a group of conditions of varying pathology and protean manifestations all of which have one factor in common—that of raised or unstable ocular tension. It is important to include the term unstable since it is well recognised that there are forms of glaucoma in which the eye frequently shows no elevation of tension at all.

Anatomy and Physiology

Inevitably upon a definition there follows a classification; but before coming to that it is necessary briefly to review the anatomy and physiology of the region whose pathology we are about to consider. One of the problems of our subject

is that the mechanism and even the site of both the production and elimination of aqueous humour is by no means fully understood. Enquiry into these functions is liable to lead one into a maze of discussion from which only those with a profound knowledge of biochemistry, and a familiarity with at least the lower levels of higher mathematics, would succeed in emerging with anything like a clear idea of the subject—and in the present state of our knowledge it is doubtful whether even those favoured few would do so. What may be certainly said is that, though the mechanistic theory is inadequate to explain all the phenomena which glaucoma presents, the production and elimination of aqueous humour is an essential background to many aspects of the problem and, as I shall indicate in the congenital and secondary glaucomas, provides in some cases a complete explanation of the phenomenon of raised ocular tension.

As regards production, it is definite that the ciliary processes are an important, if not the only site. Evidence also exists that an exchange of substances occurs across the tissues bordering the anterior chamber; again, there is evidence that test substances have entered the anterior chamber from the blood in the vessels of the iris. The mechanism of production has provided material for research and food for argument for many generations. At one time thought to be the product of a simple filtration process, it is now believed that the aqueous humour is the result of both secretion and diffusion. Further to complicate matters, there is reason to believe that the aqueous of the anterior chamber differs in composition from that of the posterior chamber. For our present purpose we may be content to leave it that aqueous humour is elaborated by the ciliary processes and possibly elsewhere and circulates forwards from the posterior chamber, through the pupil, into the anterior chamber, as well as surrounding and entering the lens and vitreous.

Similar doubts and difficulties are encountered when we turn to consider the elimination of aqueous humour, though it is easier to grasp a broad picture than in the case of production. Wherever else absorption or elimination of aqueous may take place, it is indisputable that the angle of the anterior chamber plays an all-important part, and that the attention directed to the trabeculæ, the canal of Schlemm, and the episcleral veins is not misplaced. Our knowledge of the drainage of aqueous humour was further increased in 1942 and subsequently, by the discovery, description, and study of the aqueous veins, as Ascher, their American discoverer, called them. These channels, containing sometimes aqueous, sometimes blood, and sometimes a mixture of the two, according to whether the tension of the eye is in a rising, falling, or stationary phase, constitute a most important factor in aqueous drainage, and their study may lead us a little further along the road to the more complete understanding of chronic glaucoma, particularly, one may hazard, in the direction of their function as a passive or even active factor in the drainage of aqueous, and of the vasomotor control of the venous channels into which they drain. I mentioned above the question of the phase of tension in which an eye may be found. This is an important aspect and has been the subject of considerable investigation in post-war years. It is found that there is a well-marked diurnal variation of tension and that this is virtually independent of conditions. For instance, if the routine of the patient is entirely changed so that he sleeps by day and works by night, the variation curve remains unchanged for a long period, though it is true that after prolonged inversion of routine the curve does swing over in a corresponding fashion. The highest tension is usually found in the early hours of the morning, and it is unusual for the tension in a normal eye to vary by more than 5 mms. of mercury. Glaucomatous, or potentially glaucomatous eyes show a much higher diurnal variation; it appears from this and other investigations that the actual recorded tension is no true guide to the state of the eye; that eyes which never show a tension above what has hitherto been regarded as a normal level may suffer degenerative changes of a glaucomatous nature, whereas some eyes may give consistently high readings and suffer no ill effects.

Briefly to summarise a most complicated and difficult situation, one may say that one aspect of glaucoma research is concerned with determining the factors influencing the rate of production and rate of elimination of aqueous humour, *i.e.*, the aqueous flow, and to investigate anatomical, physical, chemical, and pathological factors influencing this flow. The biochemical and biophysical problems thus presented are for specialists and are far beyond my power to explain to you, even if that were desirable. I will mention, however, one interesting line of investigation which involves the use of fluorescein, either by instillation into the conjunctival sac or by intravenous injection. By the first method the fluorescein

diffuses into the anterior chamber and its rate of elimination gives an idea of the rate of aqueous outflow; by the second, it is possible to investigate the rate of aqueous inflow from a study of the time interval before it appears in the anterior chamber. Simple as this investigation may seem when thus described, I can assure you the formulæ involved in interpreting the results are terrifying.

Classification

In considering classification I shall work from the known to the less known and unknown, and will mention first the congenital or infantile variety of glaucoma, commonly called buphthalmos. This is a condition which need not detain us long this evening, for in the established state its diagnosis presents no difficulty, and its detection in the early stages is a matter for the application of highly specialised medical knowledge. It is important to remember that the condition may not be truly congenital, and that the eyes of an infant apparently quite normal at birth may develop buphthalmos. The appearance is probably familiar to you. Owing to the elasticity of the young tissues the pressure causes expansion of the globe; the cornea is enlarged and the anterior chamber is deep; only too frequently cloudiness and infiltration of the cornea occurs, the improvement of which by reduction of the tension depends very largely on the expedition with which interference is initiated. Medical treatment is useless; surgical treatment is indicated at once, and achieves, in some hands at least, a higher percentage of success than many statistical reports would lead us to believe. The pathology is proven; the cause is a maldevelopment of the angle of the anterior chamber reducing or preventing the elimination of aqueous humour at the necessary rate. I have on more than one occasion satisfied myself of this by subjecting a buphthalmic eye to serial sections, to find no evidence of a canal of Schlemm from start to finish. This histological appearance may admittedly be secondary, due to obliteration of the canal by the raised pressure; but it is often primary. Alternatively the angle may be improperly formed and thus unable to discharge its function of drainage.

Next let us briefly consider the secondary glaucomas—where the raised pressure is referable to abnormal intraocular contents such as blood, pus or fibrin, or the products of inflammation, which by accumulating in the angle, block the exit of aqueous and cause a rise of tension. Alternatively, as a result of the inflammation, adhesions may form in the angle between the iris root and the posterior surface of the cornea, again effectively preventing the outflow of aqueous. Again, non-penetrating trauma may cause internal disorganisation such as dislocation of the lens which may mechanically block the angle with like effect. Treatment here is obviously directed to the cause; it is important to note that here, as in the congential group, the implication of the angle of the anterior chamber is undeniable. This explanation of the pathology of glaucoma, at one time applied to all manifestations of the disease, and which I refer to as the mechanistic, will receive further reference when we come to consider the pathology of primary glaucoma.

It has been observed for many years that there are at least two kinds of primary glaucoma and possibly more. I am going to give an outline of a classification current until quite recently, which still has points to recommend it. First the acute glaucoma, to include the less dramatic manifestation of the same condition, called subacute glaucoma; the congestive attack presenting the well known picture of the acutely inflamed, stoney hard eye, the immobile semidilated oval pupil, the distressed patient undergoing pains which may reach such a degree of intensity as to cause vomiting. Then the chronic simple glaucoma, the important large group with which we are principally concerned. I am going to describe this manifestation of glaucoma as a quiet sinister disease, insidious in its onset, symptomless (in its important earlier stages) to its victim, and difficult and deceptive in its diagnosis. It used to be, and for all I know may still be in some places, a habit of textbooks to describe the patients suffering from this disease as subject to ocular discomfort, to periodic attacks of obscuration of vision, and to the experience of haloes. That need not be, and very frequently is not so; and the dissemination of such a description is fraught with grave danger. We will later consider the diagnosis in greater detail; let us be clear at this stage, however, that the practitioner who looks for such a history in chronic simple glaucoma will miss many early cases, probably to their ultimate detriment. The third subdivision of primary glaucoma comprises those cases described, as I have said, in some textbooks as chronic simple glaucoma. These patients show transient, often very mild, attacks of ocular discomfort, obscuration of vision, and haloes, obviously referable to transient and periodic attacks of raised ocular tension. To this group the title

recurrent subacute, or chronic subacute, is as good as any, but it was not in common use, though the condition was well recognised. This was admittedly a purely clinical classification, but it served its purpose and was relatively tidy. The term "congestive glaucoma" is now banned and outlawed, and international decision decrees that it shall not be used; the two categories of primary glaucoma which are acceptable are known as "closed-angle" and "simple". The term "closed-angle glaucoma" is one from the new classification which indicates the type of glaucoma to be found on clinical examination, which bears a close relationship to that form of glaucoma previously referred to as congestive, if it is not actually identical with it. An important point, however, is that this form of glaucoma may occur in eyes in which gonioscopy—to which I will refer later—has revealed an open angle, and that many eyes with apparently closed angles do not suffer from glaucoma. The term "congestive" justified itself to our predecessors because they envisaged a condition of œdema and congestion to be the background of an attack of acute or subacute glaucoma. In fact, however, the attack is probably initiated by a vasoconstriction, and a true congestive state supervenes only at a later stage and with probably a change in the pathological picture.

Pathology

Having thus so far reviewed my subject as a whole, it would be reasonable henceforward to confine my remarks to the section of it which more nearly concerns the interests of my audience—that is to say, primary glaucoma, under its two "modern" headings of simple glaucoma and closed-angle glaucoma.

Consideration of the pathology of simple glaucoma involves consideration of the two aspects to which reference has already been made—the mechanistic and the vascular. Supporters of the first hold that the rise of ocular tension is attributable to a blockage of the drainage mechanism of aqueous humour at some part of its course; the actual site is so far undetermined. The angle presumably escapes blame because gonioscopy usually reveals that this area is normal. Maybe the site of blockage is in the trabecular network; maybe in the canal of Schlemm or in the channels on the far side of this canal. If it is postulated that tissue sclerosis is the cause, a link-up immediately becomes evident between the mechanistic and vascular theories; vasoconstriction followed by vasosclerosis may induce this secondary change which in turn gives rise to embarrassment of drainage. There are some who say that vascular sclerosis is necessary to cause the cupping of the disc and loss of fluid; others contend that raised ocular tension alone can produce these effects.

It is rather easier for us to implicate the factor of vasomotor instability with the second type of primary glaucoma—the closed-angle type—particularly as this type is often found associated with a nervous highly-strung temperament. It is not suggested that temperament may cause a closed chamber angle; the vasomotor instability is the fundamental condition, and the periodic rises of tension are associated with changes in the vasomotor tone of the small vessels of the uveal tract, which is in itself enough to cause an excess of production of fluid in the posterior chamber and a bellying forward of the iris which obstructs drainage in the predisposed eye.

Aetiology

Any discussion of the ætiology of primary glaucoma is beset with difficulty in that it must be admitted that the rise of tension, chronic or periodic, is at best a symptom associated with many different conditions of varied and unknown pathology. There is thus no single ætiology, and our hypotheses must at the present stage remain vague.

In chronic simple glaucoma, resistance to the outflow of aqueous may be considered the fundamental ætiological factor; it has already been admitted that the actual site of obstruction is at present unknown. Evidence continues to accumulate which seems to implicate the drainage channels on the distal side of the canal of Schlemm; trabecular sclerosis or other change, or endothelial alteration has been blamed, and in some countries, notably in Scandinavia, blocking of the angle by flakes of lenticular capsule has been put forward as a common cause, though its occurrence, apparently rare in this country, would seem more likely to be a secondary cause. The presence of peripheral anterior synechiæ has often been proffered in the past as the cause of inefficient drainage; but it must be remembered that in early primary glaucoma these synechiæ are seldom if

ever found, and it is much more likely that they are the result of the intra-ocular disturbance, and a late one at that, rather than that they constitute a fundamental primary causative factor.

A similar resistance to aqueous outflow is clearly operative in closed-angle glaucoma, though here the constitutional factor is evident. The type of patient in which this form of glaucoma more usually tends to occur, its periodicity and recession, and gonioscopic findings all turn the attention to a circulatory and vaso-motor pathology as a cause. The abnormal diurnal variation curve is confirmatory of this hypothesis; here, in simple as well as in closed-angle glaucoma, a so far hypothetical disturbance in general of the mechanism which centrally controls the ocular tonus and the relationship between production and elimination of aqueous must always be remembered as a possibility; only further knowledge and progress from continued research can elucidate this aspect. The situation is complex and baffling; questions of osmosis, tissue permeability, the influence of enzymes and, more than probably, factors not hitherto envisaged all await investigation and proof before we shall be in a position to profess a comprehensive knowledge of the problem, and to view a complete and satisfactory picture of this obscure and complicated disease. A further difficulty arises in the lack of reliable evidence from histological examination of excised eyes; for here it is evident that we are examining the belated and pathological remnants left by the ravages of disease. Opportunity to study the tissues in the early stages of any form of the disease must, in the nature of things, arise but extremely rarely, for the excuse for excision would almost inevitably be lacking. Study of the end results of a pathological process is unlikely to afford much help in the elucidation of its early ætiological factors.

Symptoms and Signs

Consideration of the symptomatology of primary glaucoma emphasises still further the division of the disease into the two categories which have already been defined.

At the risk of over-simplification, but with the justification that I am laying emphasis where emphasis should be laid in the interests of safety, I shall say of chronic simple glaucoma that it is a symptomless disease. The condition may be well established or even advanced before anything untoward is noticed by the patient in the way of apparent visual loss, discomfort, or appearance of the eye. Later, loss of the peripheral nasal field may be noticed, and in some observant patients the presence of a paracentral scotoma may cause comment. Signs are similarly lacking in the early stages; there is no congestion or injection, and there may be no noticeable shallowness of the anterior chamber. Later the pupil may be unduly large and somewhat sluggish, and a degree of atrophy of the iris, with loss of brightness and pattern, may become evident. Excavation of the disc of a pathological nature, often quite difficult to distinguish from the higher degrees of physiological excavation, follows in time. Field loss, central or peripheral or both, may be detectable, and will be referred to at greater length in considering investigation. Later peripapillary choroidal depigmentation and atrophy are usually discernible. If the condition is unrelieved, headache and local pain may ensue, and finally a state of absolute glaucoma supervenes, with the eye stony hard, lustreless, and blind.

The picture is different in the closed-angle type of primary glaucoma, previously called congestive, or chronic subacute. Here the patient experiences attacks of discomfort or actual pain, with obscuration of vision and the appearance of coloured haloes around lights. He may notice the circumstances in which these attacks are prone to occur; they may follow worry, sleeplessness, or emotional upset; a period of general malaise, fatigue, or gastro-intestinal upset. They may be induced by excessive and prolonged use of the eyes; they may be induced by a period in semi-darkness, as in the cinema. Sometimes these prodromal attacks do not occur, but the patient may be introduced to his pathological state by an acute attack of greater or less intensity, but too intense to be passed off lightly and too prolonged to be ignored.

The anterior chamber is much more usually shallow in this type of primary glaucoma; examination of an eye during an attack reveals a circumcorneal flush and a partly dilated, sluggish or inactive pupil; the eye is hard, and tender to the touch. The cornea may show a haze from œdema. The disc may well be normal in appearance, unless the attacks have been sufficiently frequent and prolonged,

or unless they have supervened on any eye already in a condition of chronic simple glaucoma. If a true glaucomatous attack is witnessed, all these signs are seen to be intensified, and the well known picture of the profoundly distressed patient is seen, suffering a pain which is said to be as excruciating as any one can be called upon to bear. The eye is congested and hard; the cornea is steamy and insensitive, the chamber shallow, the pupil dilated, oval, and fixed, and the lens may have the peculiar greenish appearance which justifies the name.

(To be concluded.)

MUSIC CLUB CONCERT

On Tuesday, 10th December, the Music Club gave a performance in the Chapel, of Bach's Christmas Oratorio. The Conductor was Mr. Robert Sells: once again we were pleased to see a Guy's student taking this role.

The choir, as so often before, saved the show, even if they did not quite "steal" it. Their singing was clean and incisive, their intonation good and their balance well controlled. However, the Altos gained our sympathy rather than our respect; they could have been a little more courageous but we felt that the burden of their part would have been lighter had there been more of them.

If the choir is to remain the backbone of the Music Club, it is a pity the orchestra does not articulate with it better—the players never seem to enjoy performing with the singers! Certainly they may find the responsibility of setting the pitch for the human instruments too much for them; but then, when one hears an organ which is out of tune with itself, it no longer astonishes the listener that the over-all tonality is strained. The instrumentalists showed no uncertainties that more practice and still more rehearsals *with* the choir could not have obviated.

The organist, whose name unfortunately failed to appear on the programme, also deserved some of our sympathy—for not always playing in time: what with pillars and pews and a hopelessly inadequate shaving-mirror as his only visual link with the conductor, how could any man hope to keep in step? Full marks to Mr. Sells for ever running such a three-legged *obstacle* race!

Of the four soloists the Soprano and Bass were from Guy's.

Miss Joy Strutt sang her (regrettably) small part with imagination. It seems that what little flexibility of phrasing she may have lost in the past year her voice has certainly gained in power and quality. Miss Diana Herdman's upper register was pleasing and as she gained assurance she brought to her voice some richness of tone, but she must find her lower notes somewhere if she is to become a contralto. Mr. Lewis Burden who sang the part of the Evangelist has a limpid, clear voice with good diction and some intonation over a wide compass. Mr. John Winter sang the bass part.

It should be recorded that in the twelve months since the previous concert the club organizers have not been idle: an attempt to produce some music in the Spring met with such meague support that it had to be abandoned. It dawned on some that the choices of works for performance might have led to this apathy. So a list of works was posted covering a wide variety of styles and a wide range of "seriousness" and prospective singers and instrumentalists were invited to select such works as they *really* intended to take part in. The response was good, the Christmas Oratorio was chosen and work began. But time showed clearly that it was easier for a performer to scratch down a name than to attend rehearsals regularly. It is only through conscientious attendance and sheer hard work that players can take their concentration off the little black hieroglyphics to give proper attention to dynamics and phrasing—without which music has no meaning just as a long string of words can mean anything or nothing until it is punctuated and the words grouped into phrases, so it is with musical notes. The conductor is the one who can *read* the full score and he should be given a chance to do this. Mr. Sells must be congratulated for having got as far as he did, and if his tempi were too evenly slow and if the long work lacked light and shade it is not his imagination that must be blamed but the torpor of "serious-music" makers at Guy's.

J-P.V.

GUY'S HOSPITAL STUDENTS UNION

As the result of the Students' Union Elections the Council for the Year commencing 1st February, 1958, is as follows :—

Chairman	G. M. PRESTON
Secretary	R. A. NICHOLSON
Treasurer	J. K. SMALLSHAW
Representatives for 1st Year Medicals	M. V. SMITH and J. H. STEADMAN
„ „ 2nd Year Medicals ..	M. N. JACOBY and C. C. WILMSHURST
„ „ 3rd Year Medicals ..	C. G. BARRETT and D. STEVENS
Representative for Pre-Clinicals and Surgical Ward Clerks ..	K. J. CONNOLLY
„ for Medical Ward Clerks and Junior Dressers ..	R. D. HILL
„ for Free Period and Children	R. H. S. MINDHAM
„ for Obstetric Dressers ..	J. G. HOLMES-SMITH
„ for E.N.T. Dressers and Senior Ward Clerks ..	I. G. CHRISTIE
„ for Senior Dressers and Special Appointments ..	R. W. ELSDON-DEW
Representative for 1st Year Dentals ..	M. BURNHAM and P. J. PHIPPS
„ „ 2nd Year Dentals ..	M. D. GANN and J. E. ST. PIERRE
„ „ Dental Clinicals ..	G. B. KEEBLE and M. KODICEK

BALLADE OF NOSTALGIA

When age creeps on and thick the memories cram
And life is as a landscape from a height
Seen by some soaring bird or mountain ram
Lit by the gentle, glowing evening light,
It's not surprising that the question "Might
I have my tonsils out q.c., or, better, stat ?"
Was answered instantaneously "Right,!
My girl, you'll have your tonsils out in PAT."

I wonder if you're still concerned with SAM,
The mirror image of a septic wight
(And is a baby nurse still called a lamb)
And have you dormer windows for your sight
Of pigeons wheeling e'er they alight ;
Of the deep courtyard, and the roofing cat ;
Of the great glow of London's sky at night ?
My lass will know when she goes into PAT.

I don't suppose the tube and rubber dam
Are used as when I first took up the fight.
Antibiotics given by the gram
Can better put the lethal germ to flight,
So pus and sepsis both have taken fright.
I must go back some time and have a chat.
Meanwhile, I'll wait till CANN has had his bite
And JILL has had her tonsils out in PAT.

Envoi.
Prince in your private bed alone and quite
Away from sorrow, laughter, chit and chat.
You've never seen a ward alive and bright—
My daughter's had her tonsils out in PAT.

H.G.

CORRESPONDENCE

Letters to the Editor of the Gazette

Heraldic Symbols

SIR,—Under the title "The Heraldry at Guy's Hospital", this subject was exhaustively treated by H. St. John Rumsey, M.A., in the *Guy's Hospital Gazette*, of 7th December, 1946. After re-reading it, I am still left wondering whether at that first meeting of the Court of Governors on 6th April, 1725, the selection of a Coat of Arms was on the agenda ? If not, it must have been debated and a conclusion reached at an early subsequent meeting, for on 24th May of that year the College of Arms granted the complete "achievement" of shield, helmet, wreath, crest, supporters and motto.

It would be interesting to know if the minutes disclose what arguments—if any—were put forward in favour of the lilies of France and the crowned leopards' heads: the crest and supporters are "in character" and need no explanation.

Of far greater interest to me is the identity of the member in council who, with a stroke of genius, hit upon the motto "Dare Quam Accipere". This, of course is nothing less than a quotation of St. Paul—himself quoting Our Lord—as told by St. Luke *vide* Acts XX, verse 35: though, strange to say, it is not recorded in any of the four gospels. What more inspired motto for any hospital—even Guy's ?

Yours etc.,

E. A. PENNY.

Newton House,
Beaminster, Dorset.

Guy's Men in North America

SIR,—I note with interest the paragraph on pages 380-381 of your issue of 28th September, 1957, referring to correspondence from Ontario, Canada. I would be most grateful if you could put me in touch with your correspondent as I too feel we are now getting thick enough on the ground to warrant enquiry into the feasibility of a re-union. I suspect that Tony Brewin, in Hamilton, started this ball rolling.

During the past year I have seen Tony Brewin on several occasions, Hamilton being but an hour or so away from here. He seems to be very happy in his new surroundings.

Earlier in the year on visits to Baltimore I managed to see George Scott a couple of times, and hope to manage a visit to I. E. Evans who is there for this year. Next month I am going to New York City and hope to see John Broome at the Rockefeller Institute.

Two weeks ago I was in Toronto and was speaking to Sir Charles Symonds' son Bill. I also saw Alan McCallum at the General and met Peter Martin, over from Edmonton, Alberta, to examine in the Certification in Pædiatrics.

Several weeks ago we had a short visit from Rendell-Baker from Western Reserve University: he was visiting the Institute in connection with some work he is doing.

I nearly forgot to mention that I often see Bernard Amos; he works on the floor below me at the Hospital.

Looking forward to hearing who your correspondent was, and hoping the items about Guy's men contained herein are of interest to you.

Yours etc.,

JAMES H. KERR.

115, Claremont Avenue,
Buffalo 22,
New York, U.S.A.

We would ask our earlier correspondent to contact Dr. Kerr, as the original letter quoted in Passim has been mislaid.—EDITOR.

Misprints

SIR,—Dr. G. L. Davies claims that the *Gazette* contains more misprints per square inch than any other journal he knows. He fails to mention another point which cannot have escaped his attention, namely that the editors and printers of the *Gazette* have always been unusually tolerant of badly written 'copy'. The vast majority of journals insist on double-spaced typescript, making exceptions only for the most clearly written and neatly set-out manuscript. If Dr. Davies has held his poor opinion of the *Gazette* for so long, we should expect him to be extra meticulous in this matter; yet from the self-evident frequency with which he is misprinted, your readers can only draw their own conclusions about the handwriting which he invites you to 'contemplate'.

It is aggravating to all concerned when misprints occur in the *Gazette*, but contributors must be made to realize that they bear an equal share of the responsibility. Might I venture to suggest, Sir, that it is time you adopted a policy more in line with other journals, and that you should begin rejecting the less legible manuscripts that are submitted to you ?

Yours etc.,

T. W. HOSKINS.

26, Kings Road,
Wimbledon, S.W.19.

Naming the New Surgical Block

SIR,—For some time now I have read the proposals for naming the new surgical block.

May I now put forward a suggestion ? For many years, and I sincerely hope for decades more, Guy's have been a power in the world of Rugby football, one of, if not the oldest club in the game, the senior holders of the inter-hospitals cup, suppliers of more international and county players than it is decent to mention.

Now, that he has finished with these rough games, our superintendent has a unique record of caps in the game: let us remember both his record as well as all the Hospital's triumphs and those of the other old Guy's men who played the game, and call the new block Rugby House.

Yours etc.,

C. ADAMSON FIDO.

22, Raleigh Gardens,
Brixton Hill, S.W.2.

REVIEWS

The Breasts and Breast Feeding. By Harold Waller. William Heinemann Ltd., 1957. Pp. 56. *Price 7s. 6d.*

This small book was originally published as part of Holland & Bourne's British Obstetric and Gynaecological Practice. It is wonderful value for every doctor or midwife. It does not go elaborately into physiology or any other particular aspects of lactational breast-feeding, but is an eminently practical guide to the management of lactation. On the other hand it is written with a truly scientific attitude, putting forward the author's experiences and his conclusions without dogmatic asseveration.

Dr. Waller remarks on the way the management of breast feeding, the last phase of the reproductive cycle, has, in the last quarter-century, lagged behind the management of pregnancy and delivery. The incidence of successful breast-feeding is discussed and the point made that it is misleading to decide at the end of the lying-in-period whether breast-feeding is established or not. It refers to the great advances, especially in endocrine factors, that dairying science has made in the last quarter century, recalling also the principle so long established in dairy practice that the maintenance of milk-production depends on the thorough emptying of the mammary glands. In his modesty Dr. Waller says that the psychology of breast feeding is "beyond my capacity to handle." I doubt this but what Dr. Waller does say might well be written on the heart of every midwife.

> "In the management of breast feeding it is impossible to exaggerate the value of a sympathetic attitude in a midwife towards her patient; and when to this she can add knowledge, skill, gentleness and vigilance, many of the difficulties solve themselves. This it has been my happy experience to watch."

Dr. Waller goes on to say that "problems multiply beyond reckoning in the charge of one who is overbearing, sharp tongued, slap-dash or heavy handed." I would have said that troubles arise more commonly from lack of knowledge or from thoughtlessness in an otherwise kindly midwife. Later Dr. Waller adds that the "woman's views on breast feeding are much more likely to be influenced favourably by interest shown in improving her prospects of success than by exhortation and moralisings."

The importance of simple measures of preparation and advice during pregnancy is rightly emphasised; and this section on antenatal care displays a wealth of practical experience. For example, one may cite the management of minor disorders of the skin of the areola and breast. And who else but Dr. Waller would give you actual figures... two to three inches, as the minimum increase in chest measurements which is found when lactation is going to be successful, or that the incidence of blood in the colostrum is about one in 300 patients. The value of antenatal treatment of poorly protractile nipples is rightly emphasised. Dr Waller says that a degree of retraction in one or other nipple, sufficient to threaten difficulty, is discovered in about one third of all primigravida. (In the work which Miss Ogden and others did at Guy's (Blaikley *et al.* 1953), the figure was higher still, about 50 per cent.). The improvement after wearing shields for a few weeks is usually noticed by the patient herself and this itself encourages her. The other main point of antenatal care is tuition in the removal of milk by manual expression and here it is worth quoting Dr. Waller on the advantages of learning this technique antenatally:

> 'I think there is no doubt that the performance of this exercise during the last six weeks of pregnancy has advantages over and above the mere acquisition of its technique. After doing it for a week or two the patients almost always comment on the increase in the number of ducts from which colostrum issues, and then, as they acquire dexterity, on its greater amount. Their interest in the prospect of breast feeding is certainly heightened and, when the time comes, they are much less disturbed by the sensation of the baby's first efforts to feed. Soon after the exercise was established as a routine practice the ward sisters gave it as their opinion that the freedom of the milk's early outflow was improved. This had not been expected, but a controlled experiment (which has been reported elsewhere) confirmed their observation (Waller, 1946)."

In discussing lactation, some detail is given to the effect of incomplete withdrawal of milk. Dr. Waller quotes Folley on the interplay between the two responses to the infant's sucking, the release of lactogenic hormone (prolactin) from the anterior pituitary and the release of oxytocin from the posterior pituitary (the draught reflex). This emphasis was indeed well chosen for Folley has since shown that the release of prolactin is probably caused by the action of oxytocin.

Dr. Waller produces an impressive case for his view that long continued overfilling will produce suppression—involution of secretory tissue. He gives for an example the diminution and cessation of secretion from a breast which is not used even if the other breast continues to secrete for months. Dr. Waller quotes his observation that if the total amount of milk secreted is estimated by test weighing and then expressing the remaining milk, it will be found that by the tenth day 75 per cent. of primiparae and 81 per cent. of multiparae are secreting 20 ounces of milk or more daily. The average amount taken by babies at the 10th day is 16 ounces, so, in varying degrees, many babies will not fully empty their mothers' breasts and over-filling will result. Illingworth and Stone have shown that later success in lactation is correlated to moderate over-filling but that where overfilling has been severe the later lactation was less successful.

The draught reflex almost deserves to become "Waller's reflex" for our appreciation of the great importance of this aspect of lactation is almost entirely due to Waller. It is to me extraordinary that anyone can fail to understand and enjoy the enormous aid in successful management of lactation, which knowing about this gives the worker in the lying-in ward or infant welfare centre. I could tell of a number of cases in which, by listening to a mother's fears and anxieties about the establishment of her lactation and giving simple explanations, the draught reflex was released from inhibition and at the next feed a great increase of milk observed. Waller's remarks on how mothers come to feel their draught reflex are of great

interest. Dr. Waller makes out a good case for believing that the best milk-propulsion or milk-ejection (draught reflex) will come when there is a medium pressure or tension in ducts which are moderately widened. This widening may be the result of previous lactation, which is why multiparae get the sensation of the draught earlier, or it may be the result of manual expression during pregnancy, which is why the Woolwich "failures" (of lactation) have greatly decreased in number since the manual removal of residual milk from the outset of secretion has been made a routine practice, and not confined to those in whom the tension was obviously excessive. Though doubtless unnecessary in some it has produced the notable alteration that most primiparae become aware of the draught by the 8th or 10th day instead of the third or fourth week." Waller quotes a primipara who was expressing milk regularly to feed her tiny premature baby "She discovered for herself at the third week that when she felt the draught she was able to empty her breast more quickly and completely. She therefore stopped whatever she was doing to take advantage of it and save time. She also found the draught soon regulated itself to a time interval. Yet she had never experienced the actual sucking stimulus . . . This last fact suggests that the draught reflex becomes conditioned to certain and presumably optimal degree of filling represented by a time interval." Dr. Waller admits this is conjectural but it seems to me important that we should appreciate that stimulation of the nipple, whether by infant or by the mother's fingers in manual expression, is not the only factor for release of the draught reflex. Reasonably enough, Dr. Waller criticises those demand systems in which the baby's feeling alone receives consideration. Illingworth and Stone (1952) found that where demand feeding was used in the lying-in-period, breast feeding was more likely to be successful, but as has been suggested (Evans and MacKeith 1947) there are indications for self-regulation based on the mother's needs rather than on the baby's. The greatest degree of success in lactation is likely to follow giving consideration to the needs of both members of the nursing couple.

In discussing acute lactational mastitis, Dr. Waller is emphatic that suckling should always be withheld from the inflamed breast. He quotes three fatalities from staphylococcal infections in babies put to infected breasts. Similarly suckling must be stopped immediately there is pain from cracked nipples, milk being expressed by hand and fed to the child until healing is secure.

In his foreword Sir Eardley Holland says " the keynote of Dr. Waller's method is the manual expression of colostrum or milk, as the case may be, to clear the lacteal ducts and relieve hyperaemia and congestion and the complete emptying of the breast at each feed in order to maintain full milk production."

Once a prophet is dead commentators will interpret his teaching in a variety of ways. I think this statement gives undue emphasis to the manual expression. I would suggest that Dr. Waller's teaching was the avoidance of overfilling during the period of establishment of lactation, i.e. in the first few weeks after delivery, As Waller says, on p. 49, " The most important cause of milk decline, it is here contended, is insufficient drainage of the breast and various reasons responsible for this have been described." One agent for emptying the breast, he points out, is the infant and he goes on to emphasise the need for a nipple protractile enough for the baby to get hold of it. Another agent is the " reflex mechanism normally evoked by the act of suckling, and it is suggested here that its effective action is determined by the existence of a certain range of milk tension within the breasts below which the reflex is not evoked and above which it is weakened or inhibited." Certainly Waller points out that the baby " cannot always utilize what the breasts produce", and that "when the start of the milk secretion is sudden and copious" the milk tension within the breasts may be so high that the draught reflex is inhibited. But I feel that Waller considered that the manual expression was not the *keynote* of his methods but just one of the ways in which the breast could be kept emptied. I do not deny that Waller recommended it as a routine, but routine manual expression of milk before and after delivery would not succeed by itself, as indeed has been shown by Blackley *et al.* (1953). An understanding of the need for protractile nipples and of the mechanism of a good draught reflex are equally important.

One further comment. It seems to me that Waller looks at the management of lactation predominantly from the point of view of the mother. He seems to me to give too little attention to the variation in the individual baby's wants. On page 32 there is a sentence implying that the baby's wants are correlated to his birth weight. This is not true. However, this is not an important criticism of his method because it will cope with any deviations in the baby's needs from what is expected.

The advantages of breast feeding over bottle feeding are uncertain. What is clear is that many mothers would be glad to breast feed their babies successfully. Our job as midwives and doctors is to know what there is to be known and to bring this knowledge, together with a sympathy with the mother, to our work so that we can help those mothers who want to breast-feed their babies. This book can help us greatly and is excellent value for its price.

The Student Life. The Philosophy of Sir William Osler. By RICHARD E. VERNEY. E. & S. Livingstone Ltd., Edinburgh and London, 1957. *Price* 15*s.*

I had thought that I knew Osler, but there was a part of himself that I did not know, because he kept it carefully concealed, namely a propensity towards giving good advice mingled with a liking for homilies. Such things were not to the taste of the Oxford men of my day. So Osler won our affection and esteem as a professor who really did profess and as a man of rare charm, of no little personal beauty and of great kindness and courtesy towards young men. His clinical skill was an inspiration, his memory for cases vast, his store of knowledge plenteous, his eloquence at the bedside unique. His rounds attracted many from afar. He gave his dinners too, where wine and wit went round; or if the latter really did not, we thought it did and equally enjoyed ourselves.

Now Osler's homiletic writings and addresses have been put together for the edification of the students of today; and I view with no access of enthusiasm an Osler of whom I was never made aware. The compilation is called "a philosophy," but it is not that—rather a set of precepts and moral maxims, advocating the value of system, the necessity of thoroughness, phlegm, detachment and self-control to the point of callousness, and embodying impressive warnings against the perils of Aphrodite. They are far better written than such things usually are, they are more to the point and they disclose the well-stocked mind, but in their endless exhortations they are monotonous. Osler appears as a Marcus Aurelius man, a Stoic by nature, though his good is not the *apatheia* of the true Stoic, a state almost of insensibility, but what he called *aequanimitas*, a state of unruffled calm. Though such men may often earn admiration, one may ask whither leads the path to which they so earnestly direct our attention. To some abode, it seems, unlit by love, unvisited by beauty. "I cannot live sweetly" said the Sage of Gargettos, "without living wisely, beautifully and righteously," In Osler's teaching there is over-much of righteousness, of wisdom perhaps enough, of beauty very little. Living sweetly cannot be sustained so. It is possible to infer from the text that his education had been narrow and that a too officious conscience relentlessly drove him on. Yet his mind continued to develop, and when he came among us to one of the most beautiful cities in the world (she was still that), he did not content himself with teaching; he learnt.

It is not the Regius Professor therefore who has been revived in the volume under review, but the Pennsylvanian. It is intended for minds far less elaborately educated than ours, as I judge from the truly astonishing notes, which pre-suppose almost a mental vacuum; and whether they really exist it is not for me to say. I believe, however, that Osler's influence was exerted more through personal contact than through his writings and that his fame now rests upon his skill, his knowledge of medical history and his great love of books. Those who knew him are ever grateful to him, not for any maxims or precepts, but simply for himself.

H. STH. V.

Oral Medicine. Diagnosis and Treatment. 3rd Edition. By LESTER W. BURKET, A.B., D.D.S., M.D., Sc.D., Professor of Oral Medicine and Dean, School of Dentistry, University of Pennsylvania ; With a Chapter on Oral Cancer by S. Gordon Castigliano, M.D., F.A.C.S. Pitman Medical Publishing Co. Ltd. London. 1957. Pp. 558. Figs. 351 and 10 Coloured Plates. *Price* £5.

This reference book is now an established favourite with all dental and medical practitioners interested in the non-surgical conditions affecting the mouth. In fact this book has played a major role in placing oral medicine as a separate dis-discipline to oral surgery in its proper perspective.

This is the third edition, and during the eleven years that have elapsed since the first edition, there has been no other comparable textbook on this subject.

The Author has revised substantial portions of the text, and improved the bibliography. Not only is there a welcome decrease in the cost between this edition and the last, but the paper and printing is of a much higher standard, and the clarity of the black and white prints is improved accordingly.

While in Britain oral medicine is not distinct from oral pathology, it must be stressed that this book deals with the clinical aspects almost exclusively. If in future editions less general medicine were included and its place taken by some oral pathology then in the reviewer's opinion the value of this book would be greatly enhanced.

This book can be strongly recommended to all dental and medical practitioners, and it is of especial value to those studying for higher degrees in dentistry. It should be available in all dental school libraries, for the undergraduate dental student will find the text stimulating, and providing a refreshing change to surgical techniques.

B.E.D.C.

Calcium Metabolism. By J. T. IRVING. 1957. Methuen. Pp. 177. *Price* 11*s.* 6*d.*

Methuen's Monographs on Biochemical Subjects have so far, under the general editorship of Sir Rudolf Peters and Professor F. G. Young, kept up a high standard of scholarship. The present volume is no exception. Its author is Professor of Experimental Odontology at Witwatersrand University, South Africa, and he is therefore expecially interested in bones and teeth. In thought about calcium and phosphate metabolism, he is something of a rebel. For example (p. 27), "it is not considered in South Africa that phytic acid in the flour is of the slightest importance", and again (p. 157), "Robison's alkaline phosphatase seems to be solely concerned with matrix formation, and not with calcification."

In spite of such unorthodox opinions, Professor Irving fairly presents the most significant work on his subject. Some idea of his scholarly approach may br gained from Chapter XIII on "The Calcium Metabolism of the Teeth", which in eight small pages cites 63 references given, of course, in full at the end of the chapter.

Calcification is evidently still very poorly understood: this reviewer cannot agree with Professor Irving's remark that "there has been a great advance since Robinson's original work." Roughly the position seems to be that the straightforward chemical theories of solubility and precipitation effects have been found wanting and have been replaced by a lot of conversation about ion exchange in crystals and so forth, which seems to shed no light on any mechanism which can be experimentally investigated. Biochemist and clinician alike will wish for some new working hypothesis, if only as a practical guide to research and treatment. Calcification is, after all, a vital process.

One general gain in knowledge has been the replacement of the idea of a fixed adult human requirement (say about 800 mg. per day) of calcium by the physiologically sounder view that the body can adapt to lower intakes, even remaining in balance on as little as 100-200 mg. per day.

Enough of the book, perhaps, has been quoted to make the point that it is abundantly worth its price to anyone interested in its subject.

Just one criticism: *when* is it going to come home to non-experts on sterols that cholesterol has never been shown to contain ergosterol as an impurity ? The impurity detected spectroscopically (in 1926) in samples which became antirachitic on irradiation was undoubtedly the then unknown 7-dehydrocholesterol: this could not be distinguished from ergosterol by the methods available at the time.

G.A.D.H.

The Diagnosis and Treatment of Infections. By D. GERAINT JAMES. Pp. 234. *Price* 30*s.* Published by Blackwell Scientific Publications, Oxford.

Dr. James has written a practical guide to the diagnosis and treatment of infections that is intended to bridge the gap between the ward and the laboratory. His recommendations are concise and clear but, inevitably, much of his subject matter is also dealt with in current textbooks of medicine and medical treatment. There is a useful section on the subject of pyrexia of unknown origin and a helpful discussion of the rational uses of steroid therapy in infections. A number of tables list the clinical and laboratory findings in various infective conditions together with the most effective chemotherapeutic agents and the possible side-effects of treatment.

M.H.L.

Textbook of Medical Conditions for Physiotherapists. By JOAN E. CASH, B.A., M.C.S.P. Pp. 387. *Price 25s.*

This book was produced with the object of teaching physiotherapists sufficient of the general medical and surgical conditions that they require to know to pass qualifying examinations and to be able to practise their highly specialised techniques with a competent knowledge of the conditions they are treating. As such, it performs its task most admirably.

The substance of the book tends to be specialised and confined to those groups of diseases that are amenable to physiotherapy. It is divided into six parts, dealing with specialised pathology, the "rheumatic affections," diseases of the respiratory system, nervous system, cardio-vascular system and the skin.

The accounts of the diseases described are accurate, in sufficient detail and most readable, remembering that the physiotherapist is taught not to diagnose but to treat. As a result, it must become absolutely indispensable to every student physiotherapist, and as a reference book to those who assist in the instruction of physiotherapy students.

It is too narrow in scope and insufficient in detail for it to be recommended as a text-book for general use by medical students or nurses at any stage in their career.

P.K.

HOSPITAL INFORMATION

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill the established vacancy for a Senior Registrar in Diagnostic Radiology to the Board of Governors of Guy's Hospital Group, on an exchange basis during a four year tenure of the post. The appointment will be made jointly by the bodies concerned. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) with duties commencing on 1st March, 1958.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than 25th January 1958.

MEMORIAL SERVICE

MAURICE MITMAN, M.D.(Lond.), F.R.C.P., D.P.H., D.M.R.E.

A Memorial Service for Dr. Mitman, who died on the 13th December, 1957, will be held at Joyce Green Hospital, Dartford, on Monday, the 13th January, 1958, at 3 p.m.

Tickets for the Service can be obtained from the Secretary, The Bow Arrow Hospital, Dartford.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel. : Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

For Sale

RATHBONE DENTAL UNIT (old type) 240 volts A.C. In excellent working order £25. Phone Barnet 6704.

HISTORY OF GUY'S reduced to clear 5s. each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

CHANGES OF ADDRESS

T. H. S. Burns, M.B., B.Chir., F.F.A.R.C.S., Newlands, Edgehill Road, Ealing, W.13. (Tel. Perivale 6780).

Lt.-Col. J. C. Crook, R.A.M.C., B.M.H. Nicosia Cyprus B.F.P.O. 53.

J. M. D. Hooper, M.B., B.Chir., D.R.C.O.G., Bakers Barn Cranbrook Kent.

ADOPTION

CRAFT.—On 14th November, 1957, by adoption to Pat and Michael Craft M.D. M.R.C.P. D.P.M. two sons, John and Roger, brothers for Susan, Jane and Jennet.

BIRTHS

DAVIS.—On 18th December, 1957, to Audrey (née Willox, S.R.N.), wife of Malcolm Davis, M.B., B.S., of 22B, St Marks Road, Alverstoke, Hants., a son (Simon Christopher).

HANCOCK.—On 21st December, 1957, at Radley Lodge, Wimbledon, to Betty (née Christopher), and Gordon Hancock, a son (Alan Christopher), brother for Susan, Jane, and David.

MARTIN.—On 10th December, 1957, at 9, King Street, Chester, to Rosemary (née Bolam), M.B., Ch.B., wife of Geoffrey Martin, M.B., B.S., a daughter, a sister for Rodger and Richard.

MARRIAGE

PREYER—LONG.—On 17th September, 1957, at St. James Cathedral, Peace River, Richard Preyer of Innsbruck, Austria, to Anne Long, S.R.N.

DEATHS

SWANN.—On 14th December, 1957, suddenly at St. Helier Hospital, Carshalton, Caroline Swann, aged 5½ years, daughter of Jane and Jack Swann, L.D.S.R.C.S.

TURNER.—On 28th October, 1957, Charles William, L.D.S.R.C.S., of "Clydesdale", 37, Hersham Road, Walton-on-Thames, Surrey, lost at sea whilst sailing.

EDS. {J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXII. No. 1913 18*th January* 1958 *One Shilling*

PASSIM

THE student said "Yes". But then the student always did say "Yes". That was exactly what he was there for. Have you ever thought what would happen if he said "No" ? Of course he came to Guy's entirely so that he could take on faith every thing he was told, without demanding evidence for each new fact. But really, if he were approaching his study of medicine from an entirely scientific point of view, he should demand, and get, such evidence.

These observations all stem from a potter along a rather dirty second-hand bookstall in one of London's scrubbier street markets. And more particularly, after half an hour's supposedly methodical pottering, from seeing a splendid early Victorian pamphlet exposing Quacks and Quackery, snapped up for a mere sixpence by an elderly gentleman with a goatee and ugly scarf, and being left in front of the inevitable edition of Trollope in seven volumes. It is undoubtedly a fascinating pastime, if you have to spend the better part of each day assimilating erudite and long-winded medical authors, to spend a few minutes each evening studying the appalling chicanery which has always been a part of our profession. It is amazing, given a hard business sense and smooth line in talk, what it is possible to get away with. There have been the heroes of the business in every age; the mystery men like Rasputin and Mesmer; the talkers like Paracelsus Bombastus; the straight-forward scally-wags like Cagliostro. But attendant upon them there has always been a host of smaller rascals making rich returns from the gullibility of the public. Fascination and awe in matters medical has in no way diminished in our enlightened age; and human nature has in no degree changed. There must be among us just as many Quacks and Charlatans as ever there were; posterity will find them out and have all the laughs.

We are proud to note in the list of New Year Honours that Lord Nuffield has joined the select band of Companions of Honour. We also congratulate two other Guy's men whose names appear in the list, Surgeon Rear-Admiral Robert May, R.N., upon whom the Knighthood of the Order of the British Empire is to be conferred, and Squadron Leader John Ernsting, R.A.F., who becomes an Officer of the same Order. He has been working on the problems of high altitude flying, at the Institute of Aviation Medicine, Farnborough, since he qualified in 1952.

We must apologise for mistakenly attributing the Sims-Black Visiting Professorship of the Royal College of Obstetricians and Gynaecologists, in which capacity Mr. J. B. Blaikley is now visiting Australia, to the Royal Australian College of Obstetricians and Gynaecologists, an institution which is not in existence.

In this issue we publish the second part of Mr. Frank Law's lecture on Glaucoma, delivered last October as the 13th Foundation Lecture of the British Optical Association. We draw attention to the special nature of the original audience, in case any readers are puzzled by sentences apparently incongruous in a medical journal, such as "Treatment does not concern you." !

The Clubs' Union Council will meet on 31st January, when among items on the agenda will be the question of increasing the subscription of the Clubs' Union. While any such rise can only be deplored in student circles, the Hon. Secretary points out that the Clubs' Union subscription stands at 6 guineas, within a guinea of the pre-war subscription, and that to finance the multifarious activities of the Union on its present income is becoming impossible. Any member who cares to make his reaction known, be it violent or otherwise, should contact the Hon. Secretary of the Clubs' Union before 31st January.

Once again the firms have changed, and there is a slight disturbance of normal rhythm while new routines and time-tables are learned. Anxious ward clerks confer hurriedly with the nurses in Out-Patients—"What on earth do I ask him next ?" Elsewhere, a student vainly opens two dozen cupboard doors in a ward before admitting defeat and asking where the stationery is kept. The outgoing firms hold tutorials outside the medical wards, passing on essential information to their successors. The patients survey the new firm going round, wondering which is to be "their" student. New dressers practise the rigmarole of "scrubbing-up". It is an intriguing week of change, yet in no time at all the pattern is established, and that curious feeling returns, that one's present daily routine is the only one ever followed; while memories of previous firms have the quality almost of dreams.

THIRTY CLUB

The 29th Annual Dinner of the Thirty Club will be held at the Royal Air Force Club on Friday, May 9th, 1958, Dr. E. S. Phillips in the Chair. Detailed notices will be sent to members later. Meanwhile, will they please make a note of the date.

J. J. CONYBEARE,
W. D. DOHERTY,
Honorary Secretaries.

GUY'S DIARY

JANUARY.			Exhibition. Department of Surgery. *Famous Names in Surgery.*
20th	M	1.00	Mr. J. S. Batchelor. Clinical Lecture. *Congenital Dislocation of the Hip.*
		5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Experimental and Clinical Aspects of Obesity.* Guest speaker : Dr. A. R. H. Worssam.
21st	T	1.00	Professor W. R. Spurrell. Clinical Lecture. *Prevention is better than cure.*
23rd	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Neurofibromatosis.*
		4.30	Physiological Society. Mr. R. J. Worden. *Air Pollution.* Physiology Theatre.
		5.30	Pupils' Physical Society. Joint Clinical Meeting with St. Thomas's Hospital. Preclinical Classroom.
24th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Cancer of the Stomach.*
25th	S	10.00	Clinico-pathological Meeting. Clinical Theatre.
			Rugby. 1st XV v. Devonport Services (H.O.P.).
27th	M	1.00	Dr. A. M. Hutton. Clinical Lecture. *Hypotension and Hypothermia.*
		5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hyperparathyroidism.* Guest Speaker : Professor C. E. Dent.
30th	Th	4.30	Physiological Society. Mr. P. J. Doust. *Hypnotism.*
31st		1.00	Dr. R. Kauntze.
FEBRUARY.			
1st		11.00	Rugby. 1st XV v. Coventry (H.O.P.).
3rd		1.00	Dr. L. Forman. Clinical Lecture.
5th		4.45	Guy's Science Club. Dr. D. A. F. McGill. *The Investigation of Endocrine Exophthalmos. Demonstration of a serum factor by the use of fish.*

NOTICES

THE ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 1st March, 1958, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on the 1st February, 1958.

GUY'S HOSPITAL CLUBS' UNION

The following proposal for alteration to Rule 5 of the Clubs' Union is under consideration at the next Meeting of the Clubs' Union Council on Friday, 31st January, 1958. In accordance with Rule 23 of the Clubs' Union, formal notice of this change is hereby given.

Amendment to Rule 5 :

The privileges of membership shall not be extended to anyone who is not a member of the Clubs' Union except at the discretion of the Executive Committee of the club concerned.

(Existing Rule 5 : Each Constituent Institution shall undertake, by its Secretary or Treasurer, not to allow the privileges of membership to any student who is not a member of the Union.)

M. C. GILBERT,
Hon. Secretary, Guy's Hospital Clubs' Union.

MISS MACMANUS

Miss MacManus sends her thanks and warmest remembrances to all those Guy's friends who sent her cards at Christmas. She wishes them every blessing in 1958.

Carrickbarrett Lodge,
Pontoon, Foxford,
Co. Mayo.

January, 1958.

OBITUARIES

DR. J. E. MOORE, M.D.

Dr. J. E. Moore, who died recently in Baltimore, was well known to physicians of more than one generation in this country. He was born in Philadelphia in 1892, served for a time with a British field ambulance in France during the 1914-18 war; and afterwards returned to the Johns Hopkins Hospital, Baltimore, where he practised as a general physician with wide interests and a large consulting practice. At the Johns Hopkins he built up the special department of syphilis and venereal diseases, which became, one might in truth say, world famous. Dr. Moore brought to the then still tangled skein of clinical and biological knowledge of syphilis a keen clinical insight, a dominating personality, and a superb administrative ability. Little wonder then, through his position as editor of the *American Journal of Syphilis, Gonorrhoea and Venereal Diseases*, and later through that of advisor to the Surgeons General of the United States Armed Forces and the Public Health services of the United States during the last war, that Dr. Moore was to become as near to being the highest court of reference in his subject of special interest as humans can.

But it is of his sense of hospitality, which made the stay of so many English Fellows at the Johns Hopkins memorable, and his very eagerness to invite them to spend time in his department, that one would in the end always like to remember him personally. His abiding delight in meeting Englishmen, his aura of friendship and enjoyment of it with the congenial Bacchus; these are splendid memories !

He became full Professor of Medicine at the Johns Hopkins Hospital, and will be remembered here at Guy's, with which he was closely associated. The several occasions on which he attended ward rounds and combined rounds gave him a particular pleasure, and at lunch lecture we were to hear a typically lucid account of Dr. Moore's recent researches into the significance of the non-syphilitic reaction and its special relationship to disseminated lupus erythematosus.

Many of his friends will remember with great affection Dr. Moore's first wife, Grace Barkley Moore, who died in 1954, and send their heartfelt wishes to his second wife, Mrs. Irene Mason Moore, who survives him. A.S.G.

GYSBERT VAN REENEN MOSTERT, L.R.C.P., M.R.C.S.

Many old Guy's men of the twenties will have read with deep regret in a recent issue of the *Gazette* the sad news of the death of Gysbert van Reenen Mostert. He entered Guy's in January, 1922, and qualified L.R.C.P., M.R.C.S. in April, 1928.

After returning to South Africa he had a big and busy practice in Pretoria, and when the new Medical School was established there he had much to do with the setting up of the Obstetric and Gynæcological Department. Unfortunately eye trouble prevented his carrying on with surgery. At the time of his death he was on the staff of the General Hospital. A couple of years ago— whilst he occupied with distinction the office of President of the Transvaal Branch of the South African Medical Association—he underwent a serious operation from which he never really fully recovered.

"Mossie" was a very likeable man, with all the attributes which go with such a character: he was gentle, quiet, and a very fine rugby player.

He remained to the end the same engaging, friendly, unassuming "Mossie" of his Guy's days. R.H.
R.M.W.

ALAN AYRE SMITH, M.D., M.R.C.S., B.S., L.R.C.P.

Alan Ayre Smith, M.D., B.S., L.R.C.P., was born at Sunderland in 1876, the son of Robert Ayre Smith, M.D. He was educated at Dulwich College and Guy's Hospital. He served as a Civil Surgeon in the South African War with the Imperial Yeomanry under the late Sir Alfred Fripp. In 1914 he joined the R.A.M.C. and was in charge of No. 7 General Hospital in France. He was twice mentioned in despatches.

For 31 years he was Honorary Senior Surgeon of the Sunderland Royal Infirmary, which appointment had also been held by his father.

He played Rugby Football for Blackheath, Surrey and Durham, and in 1899 he was a member of the second English team to tour Australia and New Zealand.

J.M.

THE PROBLEM OF GLAUCOMA

By FRANK W. LAW

Being the Thirteenth Foundation Lecture of the British Optical Association,

Delivered at the Royal Institution on 9th October, 1957, And reprinted by courtesy of the Association.

(*Concluded*)

Investigation

Let us now consider the steps one should take if, in the examination of a patient, one suspects the presence of glaucoma. Much of the advice one would give here may be readily deduced from the description of signs and symptoms which I have already given. If in the light of the application of these facts suspicion is aroused, it behoves one—not necessarily the optician but most certainly the ophthalmologist to whom the case is referred—to pursue the investigation to its end.

Scotometry and Perimetry

I lay the greatest emphasis on the importance of scotometry and perimetry—more particularly the examination of the central field, in spite of the opinions of some of those who were senior when I was beginning, for I contend that evidence of affection may be deduced from the screen examination in many cases long before any change becomes evident in the peripheral field. The apparatus concerned in these examinations is familiar to you all; it is important however to realise that important deductions may be drawn from a simple qualitative examination with little or no apparatus and without resort to the more complicated quantitative investigations which may subsequently become necessary. Examination by confrontation, and a comparison of the peripheral visual field with that of the observer, with no more apparatus than one's own finger, may yield valuable evidence. These examinations of the field of vision must be conducted in a quiet atmosphere, with patience on both sides, and the patient must be given an exact explanation of the basis of the test so as to be in a position to co-operate fully and provide a reliable result. At the same time reasonable expedition must be employed in order to prevent the onset of fatigue or boredom on the part of the subject, which might well cause unreliable results. A suitable sized target for the stage of the disease must be selected, and of course, various sizes used in a quantitative examination.

Testing of an early case of glaucoma on the Bjerrum screen with small targets will reveal scotomatous defects, not always first on the nasal side. A temporal recession of an isopter to very small objects may be the first indication ; with quantitative scotometry a recession may be observed to within the area occupied by the previously mapped blind spot of Marriotte—a condition termed, not in my opinion quite happily, "baring of the blind spot". "Extrusion" or "isolation" would seem to be a more apposite term. And, while on the subject of inappropriate terms, I would like to emphasise here that as far as I know glaucoma does not cause "enlargement of the blind spot"; the only condition which, as I see it, could cause that effect is something which actually enlarges the area effectively occupied by the optic disc, such as papillœdema. The next manifestation to be mentioned is the arcuate scotoma of Seidel, more commonly above, which occurs approximately along the isopters on which the blind spot is located. This may later link up with the actual blind spot; it is doubtless this occurrence which has led to the use of the phrase which I condemn. Later still the scotoma may break outwards and join the blind periphery; it is sometimes by this mechanism that the well-known nasal step is established.

Examination of the peripheral field is carried out by means of the perimeter—an instrument familiar to you all. Test objects of a size suitable for the state of the case under examination are again chosen; the peripheral field is mapped in all its meridia, and a centripetal approach is preferable to a centrifugal. The first indication of the condition usually found by this means consists of a loss of nasal field, above or below, often in the form of a step first described by Ronne. If the disease is unchecked, this extends towards the temporal side, often keeping peripheral and leaving the fixation area unaffected. The early stages are often unnoticed by the patient owing to the overlap of the nasal fields; the area in space

is covered by the nasal field of the opposite eye, and an unilateral loss therefore often passes unheeded for a time. Loss of field on the temporal side, not being covered by the opposite temporal field, is usually noticed much earlier by the patient.

Field loss thus commenced proceeds if the condition is unrelieved, though central vision is very late in being affected; the penultimate stage consists of a seeing area isolated usually in the temporal field, with loss of central fixation, to go on to complete blindness.

Gonioscopy

An important form of examination in suspected glaucoma, as distinct from tests, consists in the viewing of the angle of the anterior chamber—a process known as gonioscopy. Direct viewing is impossible owing to the curve of the cornea, and the opacity of the limbus; the optical conditions necessary for seeing the angle are obtained by the use of a contact lens and oblique illumination. Important information may then be obtained as to the width of the angle and its liability to occlusion with consequent rise of tension; the exact application of this to the glaucomatous diathesis is, however, a very complicated matter, and so far imperfectly understood.

Tonometry

The tonometer is clearly a valuable instrument in the investigation of suspected glaucoma, and particularly in noting progress and response to treatment; but in so far as raised tension is only one aspect of the disease, it is well to warn those not intimately associated with the investigation and treatment of glaucoma that too much emphasis can easily be laid on tonometer readings. In this connection I have on many occasions publicly denounced the suggestion made in the United States for the provision of tonometers to all general practitioners, for I feel sure that many false conclusions would result. Many patients with normal eyes would be unnecessarily investigated for glaucoma; this would not matter so much as that many patients with glaucoma would be missed on investigation by tonometry alone. Tension is, as I say, but one aspect of glaucoma; some affected eyes appear always to preserve a low tension, others appear capable of sustaining a recorded pressure which we would all condemn on its merits alone as pathological and demanding immediate interference. I well recall a patient upon whom I operated for glaucoma in one eye, quite successfully, all of twenty years ago; not until I found signs of suspicious change in the central fields of the other eye last year did I operate, again successfully, upon this. At no time in the interval had the tension in that second eye measured less than 40 mms. of mercury.

The basis of the test consists in noting to what extent the weight of a plunger placed upon the cornea will cause its indentation. Criticism of the method lies in the fact that factors other than ocular tension play a part in determining the degree of indentation. The technique is familiar to you; after anæsthetisation of the cornea, preferably with amethocaine, the tonometer is placed symmetrically upon it with the eye looking directly upwards, and the degree of indentation noted by reading off the excursion of a lever attached to the plunger. The figure read is converted into mms. of mercury by reference to a graph. Only the same tonometer, in good order, in the same hands, on the same eyes, can be considered to give reliable results (bearing in mind also the criticism I have given above). Strenuous efforts are being made in many countries to standardise tonometers and increase the level of reliability and accuracy of the investigation; but I fear that is not the whole story.

Intelligently used by the experienced, the tonometer provides valuable help in the problem; the interpretation of the results obtained by tonometry alone is a matter calling for skill and experience, and the term "normal values" should always be regarded with caution and even suspicion.

Tonography

A valuable application and amplification of the tonometric test consists of recording the fall in intra-ocular pressure which occurs when a weight is allowed to remain on the eye for a prolonged period—a procedure known as tonography. The weight used is a tonometer, usually electronic; the period is four minutes. The fall in pressure is due to the aqueous being squeezed out of the eye at an increased rate. When the curve is recorded it is possible to calculate from formulæ the value C, which is the measure of aqueous elimination in cubic mms. per minute per mms. of mercury pressure. In normal eyes the average value

is 0.22 with a range of about 0.11 to 0.44. The steady static flow of aqueous F can also be calculated; its average value is 3.7 with a range of 2.3 to 5.4 cu. mm. per minute. This value is changed during the process of the test; practically all cases of untreated glaucoma show reduced facility of outflow and reduced or normal production of aqueous humour; evidence of hypersecretion is not found. The significance of the investigation is shown by these two charts of tonographic results; the first plots the value of C in 118 normal eyes and 75 untreated glaucomatous eyes, the second shows the results from another series, plotted on a chart similar to that used in routine individual tonographic recordings.

It is clear that we have here a valuable method of investigation into our problem. It is a modification of the bulbar pressure test, and may be usefully combined with the water-drinking test—two tests which I shall explain later. Tonography suffers from the same liability to error as does tonometry, as would be reflected notably in variations on account of corneal curvature and scleral rigidity, though these considerations are of importance only when one eye is compared with another or with normal values. Repeated measurements on the same eye will reveal changes, or otherwise, in aqueous humour dynamics which are independent of these variables. An interesting phenomenon observed in connection with this test is a fall in pressure in the second eye while tonography is proceeding on the first. The effect is so far unexplained; it is important to be aware of its occurrence so as to take precautions to avoid error if tonography is to be carried out on both eyes.

Bulbar Pressure Test

I describe this test next because it falls midway between the purely investigatory tests which I have just described and the frankly provocative tests whose description follows, partaking of the nature of both of them. It emerges from the observation that it is possible to reduce the tension in an eye by massage or pressure, as in tonography, and is carried out by placing a tonometer upon the cornea and applying a dynamometer to the side of the globe with a pressure of 50 gms. This with the weight of the tonometer, 15 gms., gives a total of 65 gms., which, it has been found experimentally, is the weight required to force the aqueous through all the available exit channels; the fall in tension then depends on their cross-sectional area. The figures recorded are the initial tension (A), the tension on application of the dynamometer (B), the tension at the end of four minutes (C), and the final reading after the dynamometer has been removed. Without going into all details of the theory and practice of the test, it is sufficient to mention that the fall B to C varies with the initial tension, and that B varies in different eyes. The result therefore is recorded as the difference between B and C expressed as a percentage of B, the significant factor $\frac{(100\ B\text{-}C)}{B}$ being called the outflow fraction (O.F.). There is a significant difference between the results in normal eyes and those in which outflow is obstructed; the normal figure is about 34%, while 4 out of 5 glaucomatous eyes show a value for O.F. below 29%. Further, the normal eye returns to, but not above, normal tension, whereas the potentially glaucomatous eyes tend to show a secondary rise to above normal. Reliability of the test is not 100%, for the results vary with the phase of tension and other factors.

Provocative Tests

Sometimes in a case in which glaucoma is suspected it is not possible by the usual clinical examination and subjective tests to confirm one's suspicions. Or again, when the diagnosis is not in doubt, it is often desirable to determine as far as possible what reserve of outflow the patient has against a further rise of tension or other untoward event. In such circumstances one has resort to provocative tests; the eye is made subject to conditions which might induce a rise of tension from the normal in a predisposed eye, or alternatively the tension is induced to rise in a glaucomatous eye and the capability of response by the drainage channels to cope with the new situation is observed.

In the *Reading Test* a change of tension is looked for after a period of reading fine print at close range. The effect actually varies considerably with age, accommodative power, and other factors. The test is usually negative, but significant if positive.

The *Caffeine Test* consists in examining the tension after the injection or imbibition of caffeine. At first considered important, the test has now acquired a reputation of unreliability.

The *Water-Drinking Test* involves the drinking of 1 litre of water in the fasting state, and the investigation of the tension before and after. This is a significant test, but suffers from the disadvantage of giving anomalous results in about 20% of cases. A rise of more than 8 mm. Hg. is considered positive, but the effect varies according to the systemic response, the phase of the tension, the initial tension, and other factors.

The *Dark Room Test* consists in measuring the tension before and after a sojourn of half-an-hour in the dark; a rise of tension of more than 9 mm. Hg. is considered pathological, or a ceiling of 31 mm.Hg. It is about 75% reliable.

In the *Mydriatic Test* the effect on the tension of dilating the pupil with homatropine is noted. The validity of the result appears to depend on the state of the angle of the anterior chamber, amongst other factors, but even in narrow angle glaucoma the validity is nowhere near the 100% which might be expected. I need hardly mention the risk involved in this dangerous test, nor the precautions to be taken after its execution before the patient is allowed to leave.

Tests which involve the induction of venous congestion, either by posture or active compression of the vessels of the neck, have been proved unreliable. Later, the venous congestion test was combined with a cold pression test by immersing one arm in ice cold water and noting the effect on blood pressure and ocular tension. The value of the test is not finally decided.

All these tests, then, and many more; ingenious, enterprising, and in more than one sense provocative; their interpretation is a difficult matter and the assessment of their validity even more so. It is shown that many factors combine to modify the result in different eyes, perhaps the chief of which is the phase of tension. It is clear that greater knowledge of the mechanism of formation and drainage of the aqueous humour is necessary before the true meaning of these and other tests can be assessed.

I have said enough to indicate to you that there is a swing of opinion away from the mechanistic explanation of the glaucomatous process, which assumed that all depends on the inability of the angle of the anterior chamber to draw away the aqueous at a sufficient rate. I would emphasise this by giving you three quotations, drawn at random, from the words of those partaking in the international symposium on the subject of glaucoma in Canada in 1954; you will appreciate their significance. They are these:

> "This symposium on glaucoma has really been a symposium on ocular hypertension."
>
> "The cupping of the disc, and the defects in the field are probably vascular effects."
>
> "A glaucomatous eye is a sick eye in a sick body—with probably a sick mind."

It is clear that the tendency is to attribute far more responsibility than hitherto to the vascular state of the patient, and to control of the ocular blood vessels. The evidence supporting this attitude is indisputable; and though I am satisfied that many kinds and many cases of glaucoma have a mechanistic cause and are susceptible of satisfactory arrest by mechanistic means, obviously that is not the whole story. Some authorities say that the anatomical changes produced in the eye, and the subjective changes produced in the visual fields, cannot be wholly explained on the basis of raised ocular tension alone, and involve a local vascular disorder to explain them. Maybe we shall have to look further than the vascular factor before we are fully informed; maybe tension is the ultimate noxious factor, but its explanation is to be found in a vascular pathology. Only further research and observation can give us the answer to this baffling problem.

Treatment

Not the least by any means amongst the problems of glaucoma is that of treatment. It is impossible intelligently to treat a condition without a knowledge of its pathology and that is, to say the least, incomplete in the case of our present subject. The method of attack and the form of treatment depend upon the kind of glaucoma present; medical treatment may suffice, or may suffice for a time. If the serious step of surgical intervention is contemplated, adjustment of the kind of operation to the nature of the glaucoma often calls for judgment of the highest degree. Fortunately for you, these aspects of the problem do not concern you; they are the responsibility, and often the headache, of the ophthalmic surgeon, with whom we will leave them.

The Clinical Approach

Perhaps the most important feature in the attitude of him whose concern is the ocular welfare of the community, towards the problem we are discussing, is a constant awareness of the possibility of the presence of this disease. By that attitude he will do much to ensure the safety, or at least the adequate care, so far as we humans are capable, of the patient, and will also tend to avoid placing himself in that most regrettable situation where it transpires at a later date that valuable time was lost in starting investigation, prevention, and treatment, while the patient was in his care before reference to a medical man. I shall not here open the vexed question of the degree of clinical responsibility which should be expected of an optician; suffice is to say that a high percentage of the community seek advice of opticians for ocular troubles and they themselves certainly can have no views on the cause and origin of those troubles, optical or otherwise. It therefore behoves those whose advice is sought to be constantly aware of the possibilities of disease of all kinds, and notably glaucoma, and to be in a position to verify or refute any suspicions so that we may then determine the future conduct of the case. It is needless to say that the safe method is to refer all suspicious cases; needless reference hurts nobody, the reverse hurts everybody concerned.

It is here possibly justifiable to say something about the attitude of the practitioner towards the patient whose condition he suspects—a very important point when it is considered how worry and mental strain may have a decidedly adverse effect upon some forms of glaucoma. Too cavalier an attitude may induce a carefree state of mind in the patient which may cause him to belittle the advice to consult an ophthalmologist; too serious and lugubrious an attitude may well frighten the patient, which is always regrettable, hurtful to the patient and possibly deleterious to the very condition we are anxious to help, and further, paradoxically but understandably enough, may result in exactly the same neglect on the patient's part to follow the advice given, as the opposite attitude. If I may give a little advice here, I would recommend that your early suspicions be kept strictly to yourself. The specific tests to which your suspicions may lead you to subject the patient, may all be done in a spirit of routine without explanation; their execution may well redound to your credit in the patient's estimate. Only when you are certain that you have sufficient evidence in your own opinion to justify referring the patient—never mind if that evidence is faulty, no one will impute any blame whatever for that—should you indicate to the patient your desire to refer him, in some such terms as that you do not think the trouble is purely optical, that investigations which may well prove negative, but which are outside your scope, are indicated, and that the advice of an ophthalmologist is in your opinion desirable.

As regards this constant awareness of the possibility of glaucoma, in what classes of patient are we to be more particularly suspicious ? I suggest that there are two.

The second eye of a patient whose other eye is known to be suffering from glaucoma in any form is always suspect; glaucoma has a tendency to be bilateral, and in these second eyes we are liable to see glaucoma in its earliest stages—which from the point of view of prognosis are its most important stages. Secondly, though the familial incidence of glaucoma is no more than some 10%, it is always worth while making the enquiry in a suspected case, and justifiable to be extra suspicious of a patient who gives a positive family history.

The observations which may arouse suspicion of glaucoma have either been enumerated already or may be deduced from my clinical description of the disease. They vary of course with the kind of glaucoma present; I will continue to confine attention to the chronic primary glaucomas. If of the closed-angle variety, the patient may give a history of haloes, obscuration, and discomfort; such may be perhaps considered the lucky ones. In these we look for shallowness of the anterior chamber, a faint corneal haze, a slight conjunctival suffusion. Examination of the disc follows; then the visual fields, central and peripheral; all these may be normal. From what I have said about tonometry you will gather that I am not at all sure about the advisability of the optical practitioner carrying it out; the same applied to gonioscopy. Sufficient data has now been assembled however to justify reference of this case.

The chronic simple glaucoma presents a more difficult problem. Here one must not expect haloes, obscuration, nor shallow anterior chambers. If you are suspicious of the disc in a routine examination your justification for reference is complete; but we hope that the condition is not so advanced as that. Be on your guard for the patient with small-looking corneæ and small-looking eyes; make

an immediate mental response if he speaks of an increased frequency in the need for a change of reading spectacles. Suspect him if he complains of increasing difficulty in adaptation to varying degrees of illumination; suspect him even more if he gives evidence of having noticed a dark patch in the field of vision, either off-centre or in the periphery. It is unfortunately likely that further perimetric and campimetric examination in such a case will confirm your suspicions and justify your decision to refer the case.

I would not suggest that you indulge in any provocative tests; they are time-absorbing, the work of a specialist specially trained and skilled in their application, and not without danger. Some are unwittingly performed by the patient in the course of daily routine; the dark-room test from a sojourn in diminished illumination; the reading test; the water- (or other) drinking test. Duke-Elder once described as an efficient provocative test, an anxious worrying business day, an evening attendance at the most exciting and most emotional type of American movie, followed by a visit to a darkened corner of a less reputable night club. Then, he said, take the ocular tension ! He made, I noticed, no reference to the possible interest of an examination of the pulse and blood pressure.

I have met clinically all these, so to say, "natural" causes of manifestation of the symptoms of glaucoma. I remember well one patient whose symptoms of closed-angle glaucoma were manifest only after a visit to the cinema—and invariably. It was most interesting to note that the only provocative test which proved positive in his case was the dark-room test. This kind of glaucoma is often manifested, mercifully for the patient, in a relatively early stage; the majority of cases of chronic simple glaucoma, I should say, are picked up in the course of routine ophthalmic examination in an uncomplaining patient; and often, unfortunately, in a fairly advanced stage in one eye.

Conclusion

So, then, I have endeavoured to give you a general picture of this disease complex which is so near to us every day and which demands our constant vigilance and early attention. I am sure I have said enough to indicate the multitude of problems which it presents; I have tried to give you a picture of its complexity and its difficulty, realistic and factual but not, I hope, too depressing. As to the future, we may justifiably hope that further research, both laboratory and clinical, may continue to elucidate the matter. To that end the collaboration of all concerned with visual welfare is essential. We may all learn from each other, and all combine to help in increasing our knowledge of the condition, and in achieving that goal which consists in acquiring a complete understanding of the problems presented and in devising means for their solution. If I have done anything tonight to assist in disseminating such knowledge; in stimulating an awareness of the sinister possibilities of this disease; in encouraging its detection and facilitating its early diagnosis, successful prevention, or effective treatment, my lecture will have been justified not only by the occasion which engendered it, but also by the good which may ultimately accrue from its delivery.

PUPILS' PHYSICAL SOCIETY

There will be a **Clinical Meeting** on Thursday, 23rd January, at 5.30 p.m. in the Pr clinical Classroom. The meeting will be held jointly with St. Thomas's Hospital and Physical Society.

Future Programme

Tuesday, 18th February, 5.0 p.m. Professor Robert Platt, P.R.C.P., will talk on *Renal Oedema.*

Thursday, 27th February. Joint meeting with St. Thomas's Hospital Medical Society, at St. Thomas's Hospital.

Thursday, 27th March. Clinical meeting.

Thursday, 3rd April. Short papers*.

*The Laidlaw Prize will be awarded for the best paper on the subject of a medical or surgical case or cases. The judges will be the Preclinical Tutor and the secretaries of the Society. Titles and brief abstracts of all papers should be submitted to the secretaries by 27th March.

IMPRESSIONS OF LECTURERS—II. DR. BISHOP

CORRESPONDENCE

Letters to the Editor of the Gazette

Misprints

SIR,—As a former editor of the *Gazette* I must protest against Mr. Trevor Hoskins' contention that contributors bear an equal share of responsibility for misprints with the editors. Neither authors of articles nor correspondents can in any way be held responsible for misprints, which have eluded the Editor's eye.

I feel that Dr. Davies is being rather hard on the *Gazette*, at any rate if he is referring to the last few years. For a time after the war there were many examples of editorial carelessness which culminated in mis-spelling in *Passim* the name of the retiring matron of Guy's. Guy's men past and present owe a debt of gratitude to the late Edgar Tomlin, who with his able assistants greatly improved the quality of the *Gazette* and practically banished misprints. It is reassuring to find in *Passim* (4th January, 1958) that the present editors admit full responsibility for what appears in print, including mistakes.

Yours etc.,

J. J. CONYBEARE.

14, St. Thomas's Street, S.E.1.

Residents' Play

SIR,—May I announce through your columns the dates of the 1958 Residents' Play. There will be performances on each evening from Tuesday 25th to Friday 28th February. Applications for tickets should be addressed to the President of the Residents, and should reach me not later than 10th February. Every effort will be made to allot the seats fairly, but the demand makes it inevitable that some will be disappointed, and to these I apologize in advance.

There will be no charge for tickets, and as in the past, the high cost of production must be met from donations.

Yours etc.,

F. P. GREENWELL.
President of the Residents.

Guy's Hospital, S.E.1.

Rugby Football

SIR,—May I, through the columns of the *Gazette*, draw attention to the fact that Dr. D. H. Craven, the internationally renowned Rugby Football Coach and player, has consented to give a talk on Monday, 20th January, in the Physiology Theatre, at 5.30 p.m.

At this meeting a film of the Springboks' tour of New Zealand will be shown.

Yours etc.,

D. J. RICHARDS,
Hon. Sec. G.H.R.F.C.

Guy's Hospital, S.E.1.

REVIEWS

Textbook of Medicine. Edited by SIR JOHN CONYBEARE, *K.B.E.*, M.C., D.M., F.R.C.P. and W. N. MANN, M.D., F.R.C.P. 12th Edition. Pp. 861. *Price* 42*s.*

The latest edition of this book will have no difficulty in maintaining its position of pre-eminence as a textbook for students of medicine, both undergraduate and qualified. Its continued success is no accident and certainly does not rest on its past reputation, excellent though that is. It is, rather, due to an ability to adapt itself and to change in conformity with the rapid advances in medicine itself. For this the editors and contributors are themselves to be congratulated. Recent advances are digested and incorporated with a speed that is only ensured by the production of new and materially altered editions at frequent intervals. An

important corollary to the above is that sufficient out-dated material is discarded on each occasion to allow the book to keep its previous proportions or even smaller ones; and in these qualities this latest edition is no exception.

The recent advances in the study of metabolic and endocrine disorders have had recognition in the form of the virtual rewriting of the sections devoted to these subjects. In addition the section on Diabetes Mellitus, a completely new contribution from the pen of Dr. Wilfred Oakley, is presented with a clarity that is especially helpful when concerned with treatment; this being a subject in which the reader particularly seeks precise and reasoned instructions. A completely new article on Salt and Water Metabolism has been included; and, in this connection, one welcomes the insertion of milli-equivalent values in the table of Physiological Journals at the beginning of the book; but the fact that these values are not for the most part given in the subsequent text is inconsistent with this innovation. Although the section on Renal Diseases has, in the words of the preface, "undergone a very thorough revision", this subject—always a difficult one to make clear to the student reader—might benefit from still further alteration.

In the opinion of the reviewer the chapter on Tuberculosis contains a few statements which are controversial enough not to gain admission to a textbook which is so generally authoritative as this one. For example, some would consider the suggested programme of treatment for miliary tuberculosis, a three months course of chemotherapy followed by a "holiday of a fortnight's duration, followed by a further three months' course" inadequate. Neither would the statement on tuberculous pleural effusions that "the presence of fluid is probably beneficial, and does good by immobilising a diseased lung" be generally accepted these days; while the indications for aspiration are, in the eyes of many, much more easily fulfilled than has been suggested.

These are but minor points however. The book is in general well up to the standard that we have come to expect and that is high praise indeed. The price ? At forty-two shillings this edition is only four shillings and sixpence more than its predecessor in 1953. Considering the rate of devaluation of money during the past three years, the increase could hardly have been less.

M.G.T.

"*Histology*." By A. W. HAM. 3rd Edition. 1957. London: Pitman Medical Publishing Co., Ltd. Pp. xvi and 894; 582 text figs. (including 8 colour plates). *Price* £4.

The third edition of Professor Ham's deservedly popular textbook admirably maintains the standard of its predecessors. It is well written and beautifully illustrated. In addition to a full and lucid account of the more basic facts of histology, it includes descriptions of important recent advances in such fields as electron microscopy, tissue culture and transplantation, and nuclear sexing. Electron micrographs are used generously to illustrate the ultra-fine structure of cells and tissues, and, in addition to a description of the theory and practice of electron microscopy, there are brief sections devoted to histochemistry, radioautography and those methods of microscopy allowing of the study of unstained living tissues.

The learning of anatomy—be it gross or microscopic—is both enlightened and enlivened by the frequent introduction of clinical applications; for in this way the preclinical student of medicine learns, not only that certain facts are to be of especial importance to him in the future, but also precisely why this will be so. Professor Ham, who is by training both a normal histologist and a pathologist, believes in thus bridging the gap between the histology laboratory and the wards; and at appropriate points he extends his discussion a little to embrace such topics as the various factors giving rise to oedema, the basic changes of the acute inflammatory response, the repair of fractures and the value of the fluorescent antibody technique.

There is one minor criticism. Whereas the magnifications of the electron micrographs are stated, the photomicrographs are simply described as being taken at "high-power," "low-power," or "medium-power." Such captions will suffice for most student readers, but some may wish that the precise figures had been included.

Lists of references are ample and up-to-date, the index adequate, the printing agreeable, and the production of the book good. This is the best textbook of histology known to the writer, and—in these days—excellent value at the price. It should make the subject fascinating for every beginner.

G.A.K.M.

" *Open Wide, Please* ! " An autodentobiography by FRANK FREDERICKS, D.D.S., L.D.S., R.C.S.(Edin.) (Illustrations by Frederick Frank.) Peter Davies. *Price* 16*s.*

Was it Browning who said he " would that every baker paint, and butchers tootle on the flute ? " Probably not, but here is a *dentist* who paints, and judging by the number of his one-man exhibitions, paints very well. It seems that throughout his professional life he has been persecuted by his somewhat disreputable alter-ego. Frederick Frank, who is given to stupid questions—" What on earth is this thing for ? " (picking up a sterile whatnot from the bracket table), and fatuous but tempting suggestions—" Get rid of them. Come to Corsica and watch me paint " (surveying with disgust a crop of anxious patients). His worst excess is to prompt his unfortunate patron to appear in Harley Street clad in black coat, striped trousers, and a beret—the only part of the case history which visibly moves an eminent psychiatrist who occupies a couple of delightful pages. To keep Frank out of the Surgery, Dr. Fredericks is compelled to maintain him in paint, canvas and baked beans, but when he actually begins to *sell* his pictures, the situation becomes fraught, as they say.

In little doubt as to where the axe of Gordonism would chop next, an " hilarious " dental " autobiography " was awaited with acute misgivings by the profession. When it came, some eighteen months ago, it was too bad even to be filmed. A pity Frank Fredericks didn't get in first, for his book is well worth reading both by dentists and their patients. There can be few practitioners who do not recognise some patients amongst those sketched in " A Day's Appointments," even, perhaps, some patients who may be honest enough to recognise themselves. For instance, Mrs. K., the auto-diagnostician, who thinks she knows what the dentist is doing, and Mrs. S. who has a neurosis about hand washing and streptococci—" Is that thing sterile ? " There are many others, drawn with sympathy or exasperation—Miss M., of the yellowed photographs—" Don't you think that if that tooth could tip forward just a wee bit more, this wrinkle would disappear ? "; the doctor-patient—" Sorry, it was nothing. A little vasomotor reaction. Don't feel guilty "; and the dentist-patient—" I *know* you are better in *my* chair, but you go to a good dentist "—and so on. By the way, it is not given to every dentist to hear an operatic soprano give her first recital in his dentures—" O Thole Mio."

Scattered here and there is a little philosophy " What makes it bearable is that we do not work so much on teeth as on human beings," and some wise saws, " A man who does a conscientious scaling, above and below the gum, is never a bad dentist." As the author has qualified in three countries, I will take his word for it. For the student there are one or two sparks which he can store for the occasion, until he formulates his own—" Listen, Mr. Crowther, just be decent enough to start hollering after I have touched you," and " No, of course I don't have to drill this much—what I'm doing now is purely for practice." It's good to think that they have their troubles in America, too.

Now that medicine, dentistry, and the Bar have been disposed of, what next ? My aunt tells me that great-uncle Augustus has been doing a lot of furtive scribbling of late. He used to be hose and breeches-maker to the Episcopate. It could be.

D.S.R.

The Principles and Practice of Diathermy. By BRYAN O. SCOTT, M.R.C.S., L.R.C.P., D.Phys. Med. Pp. 191. *Price* 25*s.*

As stated in the preface, this book is intended for students of short-wave therapy. Following an historical review of electro-therapy, the author launches in some detail into the physical problems involved in the generation of electricity of the short-wave frequency and wave length. He follows it with excellent chapters on its application, dangers and contra-indications, illustrated throughout in the greatest detail.

This book is beautifully produced, extremely accurate and exhaustive in its cover of the field. It can, however, only be of value to those who for some reason wish to study short-wave in detail and as such it is invaluable to those engaged in studying for Physical Medicine or physiotherapy examinations. It cannot be recommended to the general physician or surgeon unless he has some special interest in this subject.

P.K.

In our last issue, the initials R.C.M. should have appeared beneath the review of *The Breasts and Breast Feeding*, by Harold Waller. We apologise for this omission.

How to Use a Medical Library. By LESLIE T. MORTON. 3rd Edition. Pp. vii and 53. William Heinemann Medical Books Ltd., London. 1957. *Price* 7*s.* 6*d.*

Many people fail to obtain the greatest amount of profit from the library facilities offered them mainly because they lack the requisite guidance. With the growth and development of medical education there has been an enormous extension of the facilities available for study. The library can be of much service to the research worker, particularly helpful to him in preparing a list of references before embarking on the actual blending of his collected material.

The author of this excellent little book provides a complete guide to the sources of information and how to make full use of them.

Firstly, the reader is acquainted with the " Arrangement within the Library " and the methods of cataloguing and systems of classification are described. Emphasis is placed on the value of the Surgeon General's Catalogue, the Current List of Medical Literature and the Quarterly Cumulative Index Medicus in guiding the reader to the sources of information, and it is from these main sources that a good start is made when collecting references on a given subject.

The inclusion of a chapter on " Abstracting Services " is of great value and especially to be welcomed is the list of the more important abstracting journals covering the principal specialities of medicine. It is a pity that no mention is made of *Index to Dental Literature* published by the American Dental Association and the more recent *Dental Abstracts.*

Having collected his list of references the research worker naturally wonders where he is to obtain all the journals he wants to consult and in Chapter V the author explains under the title " The Location of Medical Literature " how material may be obtained from other libraries. Fortunately, there is close co-operation between libraries and it is true to say that through the National Central Library and by direct application to other libraries it is possible to meet the majority of requirements.

Students are advised to acquaint themselves with the contents of this book and prepare themselves for the time when called upon to consult the literature more extensively. Also it should find permanent residence in departments where medical research is in progress.

G.A.R.W.

Aids to Anaesthesia. By VICTOR GOLDMAN, F.F.A., R.C.S. Baillière, Tindall & Cox. 4th Edition. *Price* 12*s.* 6*d.*

As Dr. Goldman points out in the preface to the 4th Edition of this book in the ever popular Aids Series, it is intended for the Undergraduate and newly qualified House Surgeon and Midwife. For this reason it serves a useful purpose and has much to recommend it.

While attempting to put each subject in its proper perspective and dismissing the technique of Hypothermia as unsuitable for those for whom the book is written it is a pity that several valuable pages are devoted to the subject of Controlled Hypotension, a technique which would be extremely hazardous in the hands of the "occasional anæsthetist".

The introductory chapters and the chapters concerning the drugs themselves are well presented though, surprisingly, there is no mention of the dosage of either Lignocaine or Cocaine.

The Chapter on Dental Anæsthesia is excellent and will be found very helpful to all practitioners who are called upon to administer Dental Gas.

The Appendix contains many useful data which cannot be readily obtained elsewhere.

This book can be recommended to all students who are revising for their Final examinations.

J.A.T.

GAZETTE SUBSCRIPTIONS

Subscribers are reminded that the Annual Subscription now due, 12s. 6d. per annum, post free, should be sent as soon as possible to the Manager, *Gazette* Office, Guy's Hospital, S.E.1, together with any outstanding account for Guy's Directory (10s. 6d.).

SPORT

RUGBY FOOTBALL

Guy's v. Llanelly

At H.O.P. 21st December, 1957

Result—Drawn 3-3

Although considerably depleted of many of their regular members by the Welsh Trial selectors, Llanelly as one of the best teams in the country meet no difficulty in filling their ranks with good-class reserves, and a good hard game was looked forward to on this rather dull day at H.O.P. Such indeed was the case and Guy's were unlucky to draw after one of their best fights this season. At the last minute D. J. Carroll was called in as a substitute for Duff who had not arrived, and though out of recent practice, he soon settled down to an effective game.

Guy's attacked from the start and as early as the second minute were awarded a penalty for a scrummage infringement just outside the 25. Carroll failed the kick against the wind, but the hospital continued to press until a beautiful break by Lewis took Llanelly well into the hospital half. Here a series of line-outs followed from which the Llanelly backs showed some neat handling on the move. Guy's tackling stopped any scoring from these movements but twice at this stage the Welsh side were awarded penalty kicks at goal only to miss both. The last of these was gathered on the line by Buirski, who after running a few yards gave a neat short pass to Hawley to send him on a cleverly executed run to the Llanelly 25, to deserved applause. Here the hospital tried to press home their advantage, and succeeded in holding their ground if not in scoring. Their success was due mainly to the forwards whose aggressive play was the outstanding feature of the game. Incredibly this furious battle of the forwards lasted throughout the match, and both packs deserve credit for their energetic play. The Guy's backs too were improved, and showed more confidence than usual, their tendency to run across the field being much submerged. Hackett and Nicholas were combining well and their touch kicking in defence and attack is becoming a well developed tactic.

In the 27th minute, after a long midfield struggle, old Guy's man Thomas, the Llanelly left wing, cross-kicked inside the 25, and from a brisk threequarter movement Ebsworth scored on the right wing, just managing to ground the ball over the line during a Hawley tackle. Hier failed the conversion and Guy's immediately took up a renewed attack to really earn their brief if unfruitful spell on the Llanelly line just before half-time.

For the first 25 minutes of the second half Llanelly were forced to adopt a defensive line of play. A set scrum soon after the kick off saw Sales, having a good day at wing forward, breaking quickly to kick ahead a loose ball. Hawley followed up and his touch kick put Guy's in a favourable scoring position. Chances were lost, however, as the usually effective short passes and scissors were mishandled on the line. The Welsh full back was in good form and it was Carroll who eventually equalised with a safe penalty kick in the 12th minute. In the 30th minute Hawley with a quick break from inside the hospital half. brilliantly foiled a number of defenders before giving a well timed pass to Evans, who with only the full back to beat dashed over to touch down in the right corner. The delight of Guy's supporters at this spectacular try was soon shattered when all were surprised to see the linesman's flag signalling touch near the line, and a defence was able to clear well from the lineout.

For the last ten minutes of the game, the Welsh side did their best to score but were frustrated by the Hospital defence, looking really dangerous more from infrequent mistakes in the Guy's tackling than their own skill. The hospital managed to repel the attack with surprising energy after about ten minutes, only to reach the Llanelly half as the whistle went.

To sum up—largely the forwards' game, by no means let down badly by the backs, and for the first time for months it was pleasantly obvious the hospital were working essentially as a team, in which capacity they will inevitably improve.

Team: D. J. Carroll; C. E. Evans, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, R. W. May, P. Harris, S. A. R. Cooke, M. A. H. Russell, A. P. Buirski (Capt.), J. Sales.

Guy's v. Richmond

At H.O.P. 4th January, 1958

Result—Lost 8-14

With skipper Buirski still out of commission from an injury in a Boxing Day game, it was M. A. H. Russell who led Guy's on to the field to meet a markedly heavy Richmond fifteen. Two old Guy's men playing for the visitors were hooker D. K. Fairweather and winger B. M. Gray, who was captaining the team for this visit. Cambridge Blue G. Windsor-Lewis, at stand-off, also had connection with the hospital, his ex-Welsh international father having captained a former Guy's side.

Unfortunately even if they felt it, the latter three certainly showed no partisan feeling for the hospital, in a match which was again excellent to watch, and undoubtedly, in spite of the score, the Guy's backs most enterprising game to date

The Hospital were caught on the wrong foot however, when in a rush from kick-off Richmond scored in the first minute, Moyle slipping through on the left wing to score near the left flag from a cross-kick by Gray. Ling failed to convert, and play fluctuated when Duff within two minutes made a long kick ahead after a short break from his own 25. Following up he charged down a defender's kick, and could easily have scored had he known where the ball lay, untouched just over the line. A Richmond player nipped across to touch down, and the Hospital had to move up the field again, slowly but surely from effective touch-kicks at which Hackett and Nicholas excelled. There were several impressive threequarter movements too, notably from a short free kick by Lindsay which eventually gained 55 yards, and later a neat short passing movement between Hackett and Hawley. Richmond, with the aid of an effective shove, were heeling quickly and most of the mistakes by Guy's were eagerly snapped up. In the 20th minute Ling went over the line near the left flag from a loose maul inside the 25, for an unconverted try. Ling further increased the score some five minutes later from one of two penalty kicks awarded for scrum infringement and obstruction respectively.

Nine points down at half time was for once taken as an incentive by Guy's and they were quickly to the attack in the second half. Not aided by a slow heel from the out-weighted pack, the hospital centres showed a more determined thrust nevertheless, and in the 2nd minute, Van den Berg, who had been prominent in tight and loose, gathered a Hawley cross-kick and ran across to score on the right of the post. Duff made no mistake with the conversion.

It was another Hawley kick which led to the next try, when Russell following it up caught the ball on the bounce out of the rush of defenders and touched down beneath the posts. Duff who had an excellent game at full back with clever fielding and touch kicking, surprisingly failed the conversion, and the Hospital were now behind by only one point. Richmond hitting back, however, were the next to score. After two unsuccessful penalties, once Ling hit the crossbar from a difficult angle. Evans at right wing for Guy's being off form during the match, Ling again went through on the left wing after gathering a loose ball, to score two yards from the posts. Windsor Lewis converted, and the match proceeded with some enterprising play—particularly by Guy's, Hawley's kicks figuring prominently, while Cooke and Smith were more than useful, particularly in defence.

The entertaining game ended with Ling just failing to touch down for Richmond. but general standard of Guy's play and their rate of improvement is timely for the shortly to be fought, hospital cup.

Team: J. K. Duff; C. E. Evans, R. T. Hawley, M. Lindsey, R. J. O. Smith; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, R. W. May, P. Harris, B. Blackwell, M. A. H. Russell, S. A. R. Cooke, J. Sales.

CROSS COUNTRY CLUB

Wednesday, 8th January, 1958

The first match of this term was held at Cobham, v. Westminster Hospital, over 5½ miles of pleasant, undulating country on a fine afternoon. These conditions were ideal for the six relatively fit Guy's men (several of whom had run in their County Championships the Saturday before), who turned out. The result was that at the 4-mile point, five Guy's runners were leading by about half a mile, and at a critical point on the course, with no one to show them the way, they got lost. However, this did not deter their keen spirit, for their blood was up; finding a short stretch of open road, a brief spell of interval training was carried out, before making their way back to Cobham at a smart pace, arriving in time to beat the Westminster boys, who were just finishing, by 22 points to 36. The only Guy's runner who kept on course, Owen Legg, came second.

Team: Huddy, Rickett, Ford, Davis, Mitchell, Legg.

Saturday, 11th January, 1958

The Inter-Hospitals cross-country relay over a 3 mile lap course at Hale End was rather a failure for the U.H.A.C. and Guy's turned out 4 3-man teams to 4 from the rest of the other hospitals put together. The course was fast and muddy but pleasant, and all the teams had a good run. The Guy's teams took 1st, 2nd, 3rd and 5th places, the London being 4th. Our strength in this meeting should not be allowed to give us a false sense of security, but we have every reason to be proud of the wealth of cross-country talent that we now have: three freshmen, Phipps, Davis, and Mitchell, deserve particular mention, while Ford shows continued improvement, and Rickett, an old Cambridge Blue, never lets us down.

Lap times were as follows:

Prys-Roberts	17	mins.	20	secs.
Brewer	19	,,	42	,,
Willé	20	,,	16	,,
Stamp	19	,,	25	,,
Meyer	19	,,	25	,,
Boothby	18	,,	23	,,
Mitchell	17	,,	43	,,
Ford	17	,,	12	,,
Davis	16	,,	53	,,
Rickett	16	,,	40	,,
Harper	16	,,	3	,,
Huddy	16	,,	1	second

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st March, 1958

Applications are invited for the following House Appointments at Guy's Hospital due to commence on 1st March, 1958.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration—Commencing* 1.3.58)
(1 *Post-Registration—Commencing* 1.5.58)

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(Three months at Guy's Hospital, followed by three months at New Cross Hospital for E.N.T. duties only.)

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(Second six months candidates only.)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physician in the York Clinic .. 2
Senior House Officers (*commencing* 1.4.58)

Resident Anaesthetists (*Post-Registration*) .. 1
Senior House Officers (1 *at Guy's*, 1 at New Cross Hospital) 2

The Medical Committee will also consider applications for posts at outer hospitals as follows:—

NEW CROSS HOSPITAL

House Surgeon (*Pre-Registration*) .. 1
(General Duties)

JOYCE GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (*Pre-Registration*) .. 1

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

ORPINGTON HOSPITAL

House Surgeon (*Pre-Registration*) .. 2
(General Duties)

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office not later than **Saturday, 1st February, 1958.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

NEW YEAR HONOURS

Companion of Honour

The Right Honourable the Viscount Nuffield, G.B.E., F.R.S., M.A., D.C.L., LL.D., D.Sc.

K.B.E. (Military Division)

Robert Cyril May, C.B., O.B.E., M.C., M.R.C.S., L.R.C.P.

O.B.E. (Military Division)

John Ernsting, M.B., B.S.

PASS LIST

UNIVERSITY OF OXFORD

B.M.

Michaelmas Term, 1957

Medicine, Surgery and Midwifery

E. M. M. Forstner
C. H. Smith
J. A. Parsons

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine

E. Sharp

Final M.B. Examination

Michaelmas Term, 1957

Part I—Pathology and Pharmacology

M. H. Brooke
E. P. Brooks
W. D. Callum
P. W. Clements
M. Colebrook
H. C. Cunningham
G. M. Davies
J. Farmer
G. L. Feldmar
R. C. L. Feneley
I. N. L. Johnston
*B. S. Kennett
L. Kwasny
I. S. Muir
J. N. Powell
D. J. Richards
W. F. Whimster

*Has qualified M.B., B.Ch.

Part II.—Principles and Practice of Physic

J. R. Carling
H. J. Eldridge
*H. C. Hollingworth
*N. Malcolm
*J. G. Miller

Principles and Practice of Surgery

*T. H. Almond
J. R. Carling
*P. M. E. Drury
*B. S. Kennett
G. Willett

Midwifery and Gynaecology

N. A. Harker
*H. C. Hollingworth
*B. S. Kennett
S. O. Wamuo

*Have qualified M.B., B.Ch.

UNIVERSITY OF LONDON

Diploma in Psychological Medicine

October, 1957

Naomi I. Penfold

M.D. Part I

December, 1957

J. Eastwood
G. A. L-G. Glazebrook
I. G. Johnston
D. J. Stoker
K. J. Zilkha

Third (B.D.S.) Examination in Dental Surgery

November, 1957

Honours

M. L. Brenchley
(*Distinguished in Orthodontics*)

B. S. Cryer
(*Distinguished in Orthodontics*)

W. A. Dearlove
(*Distinguished in Surgery*)

P. M. O'Driscoll
(*Distinguished in Pathology and Bacteriology*)

Pass

B. Clark
D. J. Endacott
G. H. Forman
N. M. Hepburn
L. V. Howard
D. D. Jones
Tatyana Katisevs
H. K. Kemp
P. A. S. Lavelle
H. J. Leake
C. Maggs
K. F. Moss
H. C. Pritchard
M. J. Scott
E. E. Silcock
P. J. Stubblefield
M. J. Sutton
R. A. R. Wallace
M. A. Young

Supplementary Pass List

The following Candidates have passed Part I.

C. T. Brooks
K. S. Cowley
Barbara M. Cox
P. R. Dean
Ann R. Feakes
M. A. Ford
C. S. A. Madgwick
P. Seaton
R. J. Thomas
Rosemarie Walsh
M. J. Watts
Elizabeth A. Welch

The following Candidates have passed Part II.

J. C. Askew
P. Banks
A. Blackler
Wendy J. Bray
A. J. Chapman
I. G. Creed
Marina J. Drage
Irena K. Friedman
E. D. Fulstow
R. M. W. Griffith
M. S. Hinton
E. J. L. L'Efèvre
G. J. Longson
J. M. McCormack
Mary E. Maynard
R. Naylor
R. E. Potts
K. Redford
W. A. A. Renner
D. A. Sabel
D. C. Sellman
J. M. Snook
S. J. Whitten
C. G. MacG. Williams
M. J. Woodman

Second Examination in Dental Surgery

December, 1957

M. W. Blake
D. Boulton
J. M. Brummitt
N. R. Chudleigh
Jeanne H. Faith
A. Graham
Helen P. E. Green
A. B. Holmes
J. D. James
L. J. Kessel
Margaret Oxburgh
Marian E. Phillips
R. Preston
Patricia M. Ryder
A. J. Simons
A. J. R. Yates

Special First Examination for Medical Degrees

December, 1957

D. A. Aldridge
M. B. James
M. E. Robinson
C. H. Wakes Miller

The following General Certificate of Education Candidates have qualified for exemption from the First Medical.

M. D. Gann
F. A. W. Schweitzer
I. M. Spedding
T. S. Spencer

B.Sc. (Anatomy)

Second Class Honours (Lower Division)

D. N. Landon

UNIVERSITY OF MANCHESTER

M.B., Ch.B.

December, 1957

P. G. Hickson

(*Distinguished in Medicine*)

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A.

Primary Examination

December, 1957

S. S. Barker
Pamela M. Ordish
M. W. Potts

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

December, 1957

Anatomy

M. D. Awty
P. P. Fanning
P. S. E. G. Harland
A. Martin
W. M. P. Patterson
E. A. Smith

Physiology

P. M. J. Ephson
R. C. Lallemand
W. M. P. Patterson

Pharmacology

J. T. Bavington
Louise Gallagher
A. Gooding
C. E. Harley
W. Holms
J. G. Holmes-Smith
B. N. C. Kempton
Susan P. Kendall
R. L. King
Hazel J. McFarlane
J. J. Maher
R. H. S. Mindham
H. J. Missen
D. J. Openshaw
D. K. Payler
J. W. Rollins
M. D. Robson
M. D. Sanders
J. G. Sekabunga
D. J. Smith
T. C. Taylor
Winifred M. M. Tully
M. B. Wilson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

December, 1957

N. J. Balcombe
N. J. Chipping
P. G. Davies
Ann R. Feakes
P. J. Hill
W. J. Humphreys
P. J. Kerr
L. G. Phelps
G. E. Warr
D. H. Wright
Y. C. Wu

First Examination

November, 1957

Anatomy and Physiology

M. W. Blake
D. Boulton
J. M. Brummitt
N. R. Chudleigh
Jeanne H. Faith
A. Graham
R. E. C. Hayman
A. B. Holmes
J. D. James
L. J. Kessel
A. C. Knight
T. Lloyd
C. J. McAleer
R. H. Mummery
Margaret Oxburgh
Marian E. Phillips
K. M. Pilcher
R. Preston
Patricia M. Ryder
A. D. Skinner
A. J. R. Yates

Special Anatomy and Physiology

S. J. Adamson
M. W. Blake
D. Boulton
N. R. Chudleigh
Jeanne H. Faith
A. Graham
Helen P. E. Green
R. E. C. Hayman
A. B. Holmes
J. D. James
L. J. Kessel
T. Lloyd
C. J. McAleer
R. H. Mummery
Margaret Oxburgh
A. J. Parratt
Marian E. Phillips
W. R. Phang
K. M. Pilcher
R. Preston
Patricia M. Ryder
A. J. Simons
K. A. Sutcliffe
A. J. R. Yates

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

December, 1957

Surgery

G. R. Hill

Midwifery

E. J. Horgan

NURSING NEWS

The following changes have taken place amongst the nursing staff :—

Left :

Sister Logan (*Evelina*).
S/N. D. Walton.
S/N. J. Collier.
S/N. P. Grant.
S/N. E. Foelmer.
S/N. B. Woodward.

Entered :

Sister Abbott (*Evelina*).
S/N. E. Howard-Allen to *Caleb.*
S/N. M. Gill to *New Cross Theatres.*
S/M. D. McKinley *Nuffield D.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bishop, P. M. F. The Oestrogens. *Practitioner* 1958, **180**, 5.

Blaikley, J. B. and others. Carcinoma of the Cervix at Chelsea Hospital for Women 1933-56. Five-year Results of Treatment 1933-51. *Lancet*, 1957, **56**, 1329.

Brotmacher, Leon. Evaluation of Derivation of Cardiac Output from Blood Pressure Measurements. *Circulation Res.*, 1957, **5**, 589.

Camps, F. E. Medico-legal Adventures and Misadventures in Gynaecology. *Proc. R. Soc. Med.*, 1957, **50**, 1053.

de Hamel, F. A. Coalworkers' Pneumoconiosis in New Zealand. *N.Z. med. J.*, 1957, **56**, 550.

Enderby, G. E. Hale. The Advantages of Controlled Hypotension in Surgery. *Brit. med. Bull.*, 1958, **14**, 49.

Forgacs, Paul. The Treatment of Tuberculous Pleurisy. *Thorax*, 1957, **12**, 344.

Forman, Louis. Ehlers-Danlos Syndrome, with Spondylolisthesis and Malformation of the Terminal Digits. *Proc. R. Soc. Med.*, 1957, **50**, 1022.

Fourman, Paul and others. Malignant Hypertension, Adrenal Hyperplasia and Depletion of Potassium. *Scottish med. J.*, 1957, **2**, 473.

Fry, John. Five Years in General Practice. A Study in Simple Epidemiology. *Brit. med. J.* 1957, ii, 1453.

Gibberd, G. F. The Choice Between Death from Postmaturity and Death from Induction of Labour. *Lancet*, 1958, i, 64.

Hodgson-Jones, I. S. Papulonecrotic Tuberculides with Miliary Tuberculosis. *Proc. R. Soc. Med.*, 1957, **50** 1019.

Holmes, J. M. and Eyears, L. W. S. Foetal Death *in utero* with Maternal Hypofibrinogenaemia. *J. Obstet. Gynaec. Brit. Emp.*, 1957, **64**, 903.

Lorber, John and another. The Changing Aetiology of Erythema Nodosum in Children. *Proc. R. Soc. Med.*, 1957, **50**, 1023.

Masters, P. L. and others. Brucella Suis Infection of a Child in Eire. *Lancet*, 1957, ii, 1203.

Moynahan, E. J. The Management of the Dry Skin. *Practitioner*, 1958, **180**, 135.

Nightingale, A. Biophysics Conference (Columbus, Ohio, 1957). *Physics in Medicine and Biology*, 1957, 2, 1.

Parfitt, G. J., Davis, H. Colin and another. A Controlled Study of the Effect of Dental Health Education on the Gingival Structures of School Children. *Brit. dent. J.*, 1958, **104**, 21.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Wanted

DENTAL ASSISTANT. South West. August, 1958. Full independence; no financial responsibility; percentage of earnings towards expenses. Eventual succession with no charge for goodwill. Box No. 133.

DENTAL SURGEON required as assistant for South Coast practice. Well-equipped surgery with excellent facilities in all branches of dentistry, but mainly conservative. Box No. 134.

DENTAL SURGEON required Bournemouth. Fully equipped surgery, chairside assistant and Secretary. Salary and Bonus. Box No. 135.

To Let

ROOMS over doctor's surgery. Suitable for dental practice. LIV 5742.

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DENTAL PRACTICE for sale, London surburbs. Leasehold corner house, main road, ample accommodation, low rental. Completely varied practice, income entirely satisfactory. Young owner, Guy's 1951, contemplating globetrotting. Box No. 136.

PUMP CHAIR, electric engine A.C. 230v. Cabinets, Walton N_20x0 outfit, instruments, waiting room furniture. £70. 36, Wolsey Road, East Molesey, Surrey.

HISTORY OF GUY'S reduced to clear 5s. each (Packing and post 2/- extra).

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts.

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

O. B. Brears, M.R.C.S., L.D.S., The Burmah Oil Co (Burma Trading) Ltd., P.O. Box 1049, 604, Merchant Street, Rangoon, Burma.

Richard Muscat, D.D.S., B.D.S., L.D.S., Box 4215, Riverside Postal Station, Kitimat, B.C., Canada.

S. C. C. Scott, M.B., B.S., 10, Kenninghall Road, London, E.5. (Tel. Upper Clapton 1704, Surgery: Amhurst 6360).

BIRTHS

ASHKEN.—On 27th December, 1958, in St. Mary's Hospital, Manchester, to Iris (née Platt), wife of Michael Ashken, a daughter (Sharon Jane).

BUTCHER.—On 31st December, 1957, at Farnborough Hospital, Kent, to Peggy (née Border), wife of Tony Butcher, M.B., B.Chir., a son (David), a brother for Marilyn and John.

MUSCAT.—On 3rd September, 1957, at Kitimat, B.C., Canada, to Mary (née McGuinness, S.R.N., R.M.N.), wife of Richard V. S. Muscat, D.D.S., B.D.S., L.D.S., twin daughters (Mary Bernadette and Teresa Veronica).

REYNOLDS.—On Christmas morning, 1957, at Eldoret, Kenya, to Judy (née Dibdin), wife of Geoffrey Reynolds, D.M., a son (Charles Noel), a brother for Robert.

SCOTT.—On 27th December, 1957, at Guy's Hospital, to Margaret (née Barrie), wife of Sydney Scott, M.B., B.S., a son (John).

WILLIAMS.—On 20th December, 1957, to Lynmen, wife of Stan. Williams, M.R.C.S., L.R.C.P., a daughter (Ann Carolyne).

WILLIS.—On 5th January, 1958, to Elizabeth (née Ryan), wife of Capt. M. Willis, R.A.D.C., at the British Military Hospital, Berlin, a daughter (Sally Anne).

DEATHS

LARKIN.—On 1st January, 1958, Reginald Larkin, M.D., of 44, Trinity Church Square, S.E.1.

SMITH.—On 5th November, 1957, at Beckwath, Romaldkirk, Barnard Castle, Alan Ayre Smith, T.D., M.D., aged 81 years.

EDS. {J.A.W. T.R.C.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

THE great majority of subscribers to the *Gazette* receive their copy by post, and this is another issue which joins the rising tide of medical literature which daily thuds, plops or flutters on to the pile beneath the letter box in so many homes. As an old-established institution, the *Gazette* may legitimately look round and blink at the number and variety of publications which join it in print week by week, and may ponder the problem they present more and more forcibly—where to begin and how many to read ? Where once the standard journals, with their reports of original work and their annotations of clinical advances, could be regarded as the obvious means by which isolated medical men might keep abreast of their colleagues in the fields of research and of clinical specialisation, the situation confronting today's doctor is complex in the extreme. Journals range from Hansard-like accounts of learned societies and their doings, through the specialist organs of confessedly limited appeal, to the publicity products of pharmaceutical firms, which form an increasingly important part of the volume of reports of original research and advances in treatment. The student, to whom journals are available at bargain prices, and who is presented with the glossy and extremely attractive publicity magazines, may reasonably feel despondent at the volume of printed matter which is thus added to the textbooks on his shelf. A recent correspondent in the *British Medical Journal* points out that in the proliferation of medical literature, the difficulty is that there is something of value in almost everything that is published. Many of us have learned to glance through the summaries of papers before deciding which ones to read, while we have all heard apocryphal stories of the cupboard doors throughout England which, if incautiously opened, release an avalanche of those solid cylinders, the tightly wrapped weekly journals. A pleasant relieving factor in the general melée is exemplified by journals such as the *Gazette*, which mingle clinical articles with news of a particular hospital and its work; its staff and its patients, their sports and activities, linking past and present members of a living community. The readiness to add to the volume of medical literature thus evinced by doctors and firms, is more than matched, however, by the eagerness of the public to read medical information of almost any description, which leads to success stories such as that of *Family Doctor*. The clearing of the Victorian clouds and cobwebs of false modesty has led to a rebound phenomenon of which the merits are in extreme cases, in some respects debatable. It has been said that doctors, with photographers and fortune-tellers,

are the men most irresistible to the egoist in each of us. Certainly this fascination, allied with the volume of honest inquiry, leaves no doubt that the supply of medical literature for the layman is still far from outstripping the demand.

A group of nurses recently had a very enjoyable evening when they were taken to see the 'Crazy Gang' by the Hospital undertakers.

In the correspondence column of this issue will be found a letter concerning the forthcoming Residents' Ball. In the springtime of the year money spent on pleasure, always an expensive luxury, is seldom wasted, and to those who have only a series of posters to help them in their choice of social functions we would highly recommend the Residents' Ball as worth attending.

The hole grows deeper, the plot thickens. Doubtless connoisseurs of building sites will scoff at amateur enthusiasm, but there is an undoubted delight in those huge cranes swinging great buckets of concrete around. To the Residents in the College who watched towards the end of last year, seventeen separate huts erected for no very obvious purpose, building sites hold no mysteries; but daily observers will continue to be enthralled. Meanwhile the choice of a name remains ostensibly undecided; the suggestion that it should be named after the first patient to cross the threshold and thus perpetuate the name of a man who otherwise would make no mark in the sands of time, has met with something less than enthusiasm.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Rectal Bleeding.*
3rd	M	1.00	Dr. L. Forman. Clinical Lecture. *Facts and Fancies.*
		5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hypoparathyroidism and Pseudo-hypoparathyroidism.* Guest speaker: Dr. R. de Mowbray. Anatomy Theatre.
4th	T	1.00	Dr. J. C. Houston. Clinical Lecture.
5th	W	4.45	Science Club. Dr. D. A. F. McGill. *The investigation of endocrine exophthalmos. Demonstration of a serum factor by the use of fish.*
6th	Th	1.00	Mr. L. Willmore. Clinical Lecture. *Disorders of Speech and Language.* Illustrated by Recordings.
7th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
8th	S	10.00	Surgical Departmental Round. Mr. L. P. le Quesne (Middlesex Hospital).
			Rugby. England v. Ireland (Twickenham).
10th	M	5.00	Dr. P. M. F. Bishop. Endocrine Demonstration. *Diabetes Insipidus.* Guest Speaker: Dr. O. Garrod. Anatomy Theatre.
11th	T	1.00	Mr. P. V. Reading. Clinical Lecture. *Diagnosis of Vertigo.*
			Professor W. E. Herbert. Dental Clinical Lecture. *Periapical Infection.*
13th	Th	1.00	Dr. R. Kauntze. Clinical Lecture.
15th	S		Rugby. 1st XV v. Aberavon (H.O.P.).
17th	M	1.00	Dr. Charles Baker. Clinical Lecture. *Arterial and Venous Pulse in the Neck.* With a film.

NOTICES

GUY'S HOSPITAL DENTAL SOCIETY ANNUAL DINNER

The above function will be held at the Park Lane Hotel on 1st March at 7 p.m. for 7.30 p.m. Tickets 35*s*.

Will all past and present members of the Dental School, qualified after June, 1956, who have not been informed by circular and would like to attend, please send the appropriate amount by cheque (payable to Guy's Hospital Dental Society), as soon as possible.

DEPARTMENTS OF RADIOLOGY AND CARDIOLOGY

The departments of Radiology and Cardiology will hold a combined meeting (Postgraduate) in the Gordon Museum at 5.00 p.m., on the 3rd Thursday in every month. The first meeting will take place on 20th February.

GUY'S HOSPITAL STUDENTS' CLUB

Annual General Meeting

The Annual General Meeting of the Students' Club will be held in the Quiet Games Room in the Students' Club on Tuesday, 25th February, 1958, at 12.15 p.m.

J. D. WILLIAMS,

Hon. Secretary,
Guy's Hospital Students' Club.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. Matters arising from the Minutes.
3. To elect the following representatives to the Students' Club Committee :
   (a) One representative of the Students resident in the College and attached Hostels.
   (b) Six representatives of the non-resident students (among whom shall be at least one medical and one dental student).
4. To receive the Treasurer's Report for the year 1956-57.
5. Any other business.

DEBATING SOCIETY

A meeting of the Debating Society was held on Friday, 24th January, which was attended by some two hundred and fifty people. In private business the President for Easter Term, Mr. Ian Christie, was installed in office, and the House then proceeded to debate the motion "that this House deplores the power and influence of the Roman Catholic Church". It was proposed by Mr. James Mustaffah who said that there was little authority in the Bible for many practices of Catholicism, and concluded his speech with a fine poetic declaration of spiritual independence. Miss Jean Steadman, opposing the motion, said that power was not necessarily bad in itself. She gave evidence of the sympathetic concern of the Catholic Church for social problems. Mr. Martin Bax spoke third, strongly disputing the Opposer's arguments and quoting at length from sources indicating the support of the Vatican for Fascism, particularly in Spain. Mr. Lawrence Razavi, speaking fourth, defined the important conflict of the present age as one between the Roman Catholic Church and atheistic humanism, in which he included atheistic liberalism, fascism, socialism and communism. The latter sought after earthly Utopias, the former sought the Greater Glory of God.

Mr. Colin McCall, Secretary of the National Secular Society, said that Roman Catholicism was the greatest menace to the traditional rights of democratic freedom, and cited Portugal, Spain and Ireland as examples. Even so they were quick to

demand toleration for themselves in countries where they were in a minority. He attacked vigorously their attitude to co-education, birth control and sex in general, and deplored their "indoctrination" of children with fear of Hell.

Father Crehan, S.J., replied in more general terms, pointing out how many of the liberal values esteemed today owed something to the early Catholic Church, and had thence come to be incorporated in the English Common Law. Society needed now an independent body to prevent the power of Parliament being absolute. The Press wielded that power at present, but it was surely better that spiritual men should wield it.

A lively debate followed from the floor of the House, and after Mr. Mustaffah and Mr. Razavi had briefly summed up, the motion was put to the vote, and was carried by 150 votes to 57, with seven abstentions, and the House adjourned.

The next meeting of the Society will be an Inter-Varsity Debate, on the motion "that this House regrets the passing of the Victorians".

GUY'S HOSPITAL RIFLE CLUB

Winners of United Hospitals Challenge Cup, July, 1957

K. M. Pilcher *A. W. Harris* *H. K. Kemp*

J. K. Duff *R. H. Mac Keith* (*Captain*) *N. L. Eckhoff, Esq.* (*President*) *C. Howard* *K. A. Robertson* (*Hon. Sec.*)

Inset : B. J. Heath

The publishers of the *Textbook of Medicine*, by Sir John Conybeare and Dr. W. N. Mann, which was reviewed in our last issue, are Messrs. E. & S. Livingstone Ltd., and of *The Principles and Practice of Diathermy*, by Dr. Bryan Scott, Messrs. Wm. Heinemann Ltd.

MEDICAL PHYSICS IN THE U.S.A.

By A. NIGHTINGALE, M.A., Ph.D., F.Inst.P.

A CASUAL enquiry in response to a notice in a journal which I happened to see by chance, a tentative suggestion just after Christmas to Professor Allsopp that a visit to the U.S.A. might be valuable, and six weeks of hectic preparation culminated in the pressing of thumbs and fingers in black ink at the American Embassy. On 23rd April I found myself on the *Queen Elizabeth*, bound for a Biophysics Conference at Columbus, Ohio, where I was to read a paper on the electrical fluctuations produced by resting muscles, with letters of introduction in my pocket and enough dollars to last for 3 or 4 weeks, thanks to the generosity of the Medical School, the Wellcome Trust, and a private firm which wishes to remain nameless in case others regard their grant as a precedent.

It was the first time that I had been to sea on a really large ship. Previous unfortunate experiences of sea trials in rough weather on destroyers, corvettes, and landing craft were no guide to the physiological effects of the long-period pitch characteristic of the *Queen Elizabeth*, and I soon threw away the travelling pills so kindly prescribed by my friends of the M.R.C. and settled down to enjoy the voyage and the company. Much of the time was spent in a chaise longue on the shelter deck, protected from the freezing wind by blankets and tucked up by the ever-cheerful ex-Naval Deck Steward. Occasionally I would dive below to type a page or two of the unfinished paper which I was to read at the Conference, but it was slow work on a lower bunk in a four-berth cabin undergoing several degrees of tilt once or twice a minute.

Just to show Europeans that industrial disputes can happen in America too, the men of the New York Tug Boats stayed out on strike until we had been diverted to Halifax, where we were faced with the prospect of a 30-hour train journey to New York. In the nick of time I secured the 88th seat of the 90 available on a special flight by T.C.A., but after being held up for a night by bad weather in Boston and the excitement of a take-off in a snow storm on the last leg of the journey, I finally arrived in New York only a few hours before the train. I was royally received by George and Ilse Zak, whom many at Guy's will remember, and was allotted sleeping accommodation on a mattress in the sitting room. I was honoured to find that a distinguished series of previous users of this mattress included Dr. T. H. Hills and Dr. D. C. Deuchar.

Columbus.

After a visit to the prosthetics division research laboratory of the Veterans' Administration and only a fleeting glimpse of the city, I pressed on to the Deschler Hotel, Columbus, in time for the Conference. This was planned originally for an attendance of two hundred or so, with a series of 50 papers. In the event over 500 registered, mainly American and Canadian workers, and 200 ten-minute papers were read in four parallel sessions during three days, but the local organisers headed by R. W. Stacy of the Ohio State University rose to the occasion magnificently. The research presented covered a wide range of biophysics and medical physics, from the investigation of biological molecules to the study of complete organisms such as the human body. Indeed the organisers, led by S. A. Talbot, E. C. Pollard, O. H. Schmitt, and H. P. Schwan, succeeded in their aim of bringing together American and Canadian workers in all the main fields of biophysical research.

Such workers have experienced some difficulty in the past in finding a suitable platform for reporting their work in the physical, physiological, and chemical societies, and one important issue of the Conference was the establishment of a new Biophysical Society.

One observer, after rushing from one room to another trying to pick out the papers of greatest personal interest from the four which at any given moment were being presented simultaneously, can only report some general impressions and a few highlights of the meeting. Starting off at the "micro" end of the scale, we had about 40 papers on the biochemistry and physical chemistry of biological molecules, and here recent techniques such as para-magnetic resonance and light scattering were prominent alongside older-established methods like spectroscopy and electrophoresis. Some fifty papers dealt with the structure and development of cells and small organisms; in this field electron microscopy continues to be a fruitful method of study. Some of these papers dealt with the effects of physical environment on growth, for example the effect of an electric field in orienting the development of head and tail of regenerating pieces of *Dugesia tigrina*, and the effect of magnetic fields on the development of tumours in inoculated mice. The latter paper caused quite a sensation, since it was reported that mice kept in fields of several thousand oersteds showed a much greater proportion of recoveries than did the controls. Some of us began to speculate about a future in which magnetic fields will become part of our environment and electromagnets will be installed as a matter of routine, along with the central heating system.

The effects of non-ionising radiations and their uses for investigating biological materials were dealt with in twenty papers. An interesting development during the last few years has been the use of ultraviolet "microbeams" to irradiate small parts of living single cells, making it possible in principle to measure the absorption spectrum of cell constituents or alternatively to study the effect of relatively large local doses of radiation in modifying the pattern of cell division. There were also several reports on some potentially very useful applications of ultrasonic energy, to produce accurately localised lesions, *e.g.*, in the brain of an experimental animal, and to strip the outer layers from cells in suspension. Current and potential hazards of life on and off this planet were reflected in the considerable number of papers dealing with thermal burns and the absorption of radiant heat by the skin, and by one paper on "the boiling phenomenon of living tissue at low atmospheric pressure". It was comforting to hear that, at any rate in earthworms, this is not as explosive as might be expected, but takes place as a "quiet evaporative boiling from the surface".

Some thirty papers were on radioactive isotopes and ionising radiation, the emphasis being on their uses for studying viruses, and on radiation chemistry. It was interesting (and indeed quite a welcome change) to find only five papers reporting the results of tracer studies, one on dosimetry and one on protection from radiation; it is clear that North American workers in these fields already have sufficient outlet, notably of course through the Radiation Research Society. Similarly in only one of the fifteen papers on circulation and respiration was a radioactive tracer employed, the emphasis being on thermometric and electromagnetic methods of measuring blood flow. One particularly valuable contribution concerned the axial accumulation of red cells in the small vessels, a phenomenon of great importance in the interpretation of dye and tracer dilution techniques used to measure blood volume.

Finally, there were about fifty papers on electrical aspects of biological structures and systems, ranging from problems of ion transport across membranes, through the analysis of muscle, heart and brain potentials, to studies of the behaviour of nerve-muscle combinations in terms of feedback analogues.

In addition to these short papers there were ten invited lectures given at plenary sessions by eminent biophysicists. One cannot in a brief space do justice to these very valuable reviews, and I shall mention only two here. That of S. Benger on "Genetic Fine Structure" was memorable for the practical demonstrations of the effects on the daughter chromosomes of mutant genes, carried out by means of strings of beads with the urbane skill of a professional conjurer. H. E. von Giercke broke new ground in bringing together in one broad survey all the facts and theories about the transmission of vibratory energy through human body tissue, covering the whole range of frequencies from one cycle per second, of importance in ballistocardiography, to several million cycles per second, used in ultrasonic therapy.

All these review articles, in addition to fifty selected from the short papers,

are to be published in book form. This should be a useful record of an extremely successful and valuable Conference.

From a more personal angle the conference gave me a unique opportunity of meeting some of the men whose papers I had been reading for years in connection with my own work in electrophysiology. These included O. H. Schmitt of the University of Minnesota who like ourselves has been developing transistor circuits for physiological amplifiers, K. S. Cole from the National Institutes of Health who reviewed the electrical characteristics of cell membranes, and H. P. Schwan from Philadelphia who is well known for his work in the electrical impedance of animal tissues. I was made welcome by S. Talbot (Johns Hopkins Hospital, Baltimore) who invited me to stay with him later, and I also met H. D. Bowman who comes from the University of Wisconsin and is Editor of the *American Journal of Physical Medicine*, and discussed with him his recent experiments on the clinical diagnostic use of sinusoidal waveforms instead of pulses for stimulating muscles. In fact, as is usual at such meetings, the time spent outside the lecture rooms was more valuable than that spent inside, and discussions went on far into the night. One speaker at the Conference Dinner, referring to the spate of words released at the Hotel, mentioned the interesting generalisation he had heard given in somebody's paper, that high altitudes produce shortness of wind. In that case, he commented, "Columbus must be low ! "

Baltimore.

There was hardly time for a look at the statue of Christopher Columbus and a walk round the enormous campus of the Ohio State University which enrolls some 25,000 students, before I found myself being greeted at the station at Baltimore by Dr. Talbot after an overnight journey. Sam, as he is universally known, is head of the Biophysics Division at the Johns Hopkins and showed me some of his elegant and ingenious ballistocardiograph apparatus. He happened to notice the Guy's film on electromyography which I was carrying with me to show at Toronto, and immediately cancelled a talk which he was planning to give that morning at an informal meeting in the hospital and substituted me. Quite a crowd of his medical colleagues turned up, expecting to hear Sam, and were polite enough to stay. Later I met Dr John and watched him "pulling" microelectrodes already filled with 2M KCl. He is hoping to insert these into individual nerve fibres in living animals, and later man, to measure the membrane resting potential and to study the effects on it of changes of electrolyte concentration. George Webb, a member of the Biophysics team, showed me an elaborate system for automatic frequency analysis of heart sounds ("spectrophonocardiography"). He was also starting work on a transistor amplifier and was just passing the stage which my colleague C. K. Battye was in some years ago of making it work only when it was wrapped in a brown paper bag.

In the evening I was driven to the enormous Glenn Martin Plant, where I was admitted through the guarded gates and provided with security passes before Sam could take me to the Computer Division, containing an imposing array of digital and analogue machines normally employed on aircraft and missile design. The company allows him to use their equipment one evening a week to set up an analogue network for the solution of problems arising from his work on ballistocardiography. In this he is aided by one of his former students who now works for the Company. The problem is to deduce from the ballistocardiogram the cycle of forces exerted by the heart during each heart beat. The heart is coupled by a partly viscous, partly elastic fluid to the body, which in turn is coupled through the superficial tissues to the suspended bed. The real key to the problem is to set up the correct differential equations with coefficients which have to be guessed in the first place, and to transfer the equation to the analogue computer. Once this is done the coefficients can be varied so that the machine produces an output which is a facsimile of the ballistocardiogram. One should then be able to extract the waveforms required. It is a formidable task but the results should throw welcome light on the mass of empirical data so far collected by the numerous workers in the field. This is just one example of the readiness of American research workers to pursue intractable mathematical formulations of biophysical problems with the aid of computers. There is of course a trend in this direction in this country also, but here fewer machines are available and perhaps British workers are a little more conservative and are content to describe some complex phenomena qualitatively rather than quantitatively.

Washington.

My two days at Baltimore were made doubly enjoyable by the great welcome

I received at the Talbots' home. On the Saturday morning I said goodbye to my kind host and hostess and arrived in Washington in time for a 'lightning' tour of the White House, the Archives, and the Federal Capitol. Sunday was spent at Washington Cathedral. This still unfinished 20th century reconstruction of a great mediæval Church succeeds unexpectedly, because of the reverent craftsmanship evident in the fine stone carving and magnificent stained glass. It was a great delight to me to find that the hill on which the Cathedral stands overlooking Washington is called St. Albans Mount, and to be able to sign my address, St. Albans, England, in the visitors' book of the nearby St. Albans Parish Church. Finally I was entertained to dinner at St. Albans School—I was for a time a pupil at its namesake.

On Monday morning I went back to work and visited Dr. K. S. Cole at the Naval Medical Research Institutes. He showed me the apparatus for his classic experiments on the flow of ions across the membrane of the squid giant axon. In the adjoining National Heart Institute I found a unique department under R. L. Bowman, the "Laboratory of Technical Development". Although the members of this unit collaborate to a limited extent with medical colleagues, their primary duty is to produce ideas and devise instruments with no insistence that these will be used for any particular project. Needless to say, the instruments and methods produced almost invariably find useful applications, but the freedom from responsibilities in specific clinical research projects clearly produces an atmosphere conducive to fruitful research. They were in fact working on developments in flame photometry, freeze drying, the use of pumps and valves as substitutes for the heart, and paramagnetic resonance techniques. The latter, which can be regarded as an extension of spectroscopic absorption analysis, is being used at Guy's for detecting certain chemical compounds, in particular free radicals formed by the action of X-rays.

Another interesting centre which I visited while in Washington was the Army Prosthetics Research Laboratory. Here Dr. Leonard and his staff were working on all aspects of prostheses, from the mechanical design to the "cosmetic" appearance. A chemist who is also an artist was developing pigments to incorporate in plastic-skinned replicas of hands which looked remarkably life-like under all conditions of illumination. My own interest in prostheses stems from an investigation in which I helped C. K. Battye and the late Professor Whillis. We showed that it was possible to use myoelectric signals, picked up from the residual muscles in the stump of an amputee, to trigger an electromechanical hook representing the fingers and thumb when he was asked to grip with his "phantom" hand. We reached the stage where the translation of the idea into a practical prosthesis required a large expenditure on the development of small servo motors. The Americans are interested in this idea and we are now all waiting for workers on guided missiles to produce the necessary light-weight motors.

Philadelphia.

At Philadelphia I saw Dr. Schwan's laboratory, equipped to measure the conductivity and dielectric constant of animal tissues over a range of frequencies from a few cycles per second to a few thousand million cycles per second. This fundamental work is proving useful in the interpretation and development of many electrical techniques used in medicine, from electrocardiography at one end of the scale to microwave therapy at the other. Incidentally it was at Philadelphia that I had the interesting experience of inadvertently setting up two negative feedback systems in opposition. Sleep being impossible at the high temperature prevailing in the hotel, I looked in vain for a control of the heating system, and at last in desperation switched on the refrigerating air-conditioning unit. In spite of the resulting blast of cold air the temperature near the bed fell only slightly, but I was too tired to wonder about this until the morning. I then realised that the two systems were both thermostatically controlled and had been waging a night-long battle for supremacy. The faster the cold air was blown in by the conditioning unit, the faster was the steam admitted to the radiators.

New York, New Haven.

Back in New York I saw some of the work of the Sloane-Kettering Institute, notably the large battery of machines for radiotherapy and a computer used for the calculation of depth dose distributions. Then I was ably guided on a tour of the Empire State Building and United Nations headquarters by George Zak's 12-year old son Anthony, and after a visit to the Episcopal Cathedral I arrived at New Haven on the Sunday evening to stay with Lawrence Stark. He was the

first person I had spoken to at Columbus, and although I was a complete stranger to him he offered to put me up when he heard that I intended to visit Yale.

Dr. Stark is interested in light-sensitive organs, and showed me a number of animals which possess such organs, including a type of crab which lurks in holes in the rocks, waiting for its prey. The organ is in its tail, and the suggestion is that it enables the creature to make sure that it does not expose its vulnerable posterior when it backs into an inviting cranny. Investigating the human pupil reflex to light, Dr. Stark has been able to show that it can be treated as a neurological servomechanism. In such a system any time-lag between stimulus and response can lead to instability and self-oscillation, and this was shown to take place in the eye at the predicted frequency of 1.2 cycles per second when the "gain" was made artificially larger than normal by focussing the stimulating light just on the margin of the pupil. This is a striking example of the analysis of a neurological system in terms of an electromechanical analogue, which is proving so helpful in understanding the behaviour of these systems.

At Yale I also saw Professor Pollard and Dr. Setlow at the Josiah Willard Gibbs Research Laboratory of Biophysics, where studies of the action of radiation on enzymes and viruses are in progress. A striking feature of their work is the development of apparatus for studying the effects of radiation in the vacuum ultraviolet, that is the range from 2,000 A down to 1,200 A, which is so strongly absorbed by air that the experiments have to be carried out under a vacuum. This range of wavelengths bridges the gap between the "photochemical" changes induced by conventional ultraviolet light, whose photons are not energetic enough to cause ionisation, and the radiation chemical changes which are induced by soft X-rays which depend at any rate in part on ionisation.

Cambridge, Mass.

My next call was at the Massachusetts Institute of Technology. In the Biophysics Section of the Department of Biology Professor Lion discussed with me his two-week courses in "modern research methods in biology and medicine", designed for research workers who wish to apply physical methods in their work. It was interesting to find that in the elementary part of this course Dr. Lion presents the basic principles of instrumentation in very much the same way as we do here, in the lectures which we give to 1st M.B. students at the end of their first year. In this approach the problem of measuring any physical property is discussed in terms of a series of steps. First we usually have to convert the original property into a more convenient form, *e.g.*, the pressure in an artery into an electrical current by means of a transducer. Secondly, we generally amplify the electrical change, and finally we display the answer in a convenient form, for example by the movement of a needle over a scale or by a pattern on a cathode ray tube. The requirements of each step can then be explained and the limitations of available techniques discussed. This treatment helps the research worker to choose the best method for his purpose and the student (if he stops to think about them) to understand the operation and limitations of the physical techniques which he may encounter during and after his training. Furthermore our sense organs and the "messages" they send can be analysed in a similar way. The more advanced part of Dr. Lion's course includes many topics such as the measurement of X-rays and radioactive isotopes, and the principles of operation of transistors, which we treat in our postgraduate diploma courses in Medical Radiology and Physical Medicine.

Some of the research which I saw in the Department of Biology included work on the kinetics of muscle contraction and on the biochemical changes associated with relaxation, a study of the effect of calcium ion concentration on the resting potential of muscle fibres, and an investigation on the relationship of the corneo-fundal potential difference to the direction of fixation of the eye. In this latter work Dr. Christine Kris had found an almost linear correspondence between the potential difference between two electrodes, placed laterally on either side of the eye, and the eye position measured in degrees in a horizontal plane. A similar relationship held for the vertical plane when a second pair of electrodes was placed above and below the eye. Thus the direction of fixation of the eye could be calculated by simultaneous measurements with the vertically and horizontally disposed electrodes. Dr. Kris was studying the effects of factors such as dark adaptation and duration of sleep upon the recorded p.d. with a view to the use of the system to measure the precision and regularity of visual tracking of subjects as a test of their suitability for particular tasks such as piloting high-speed aircraft. Similar work is being undertaken in this country. It has obvious military applications, but it is also of interest in relation to a study of nystagmus, the involuntary

rhythmic movements of the eye which occur in response to certain stimuli. Apparatus for such a study, to be carried out in the E.N.T. Department at Guy's, is now in the course of development in the Physics Department.

In the adjoining Electronics Research Division instruments for volume, pressure, and potential measurement were being developed for medical research. In particular Dr. Lettvin discussed with me a problem which I have studied for some time, and which was part of the subject of my paper at the Biophysics Conference, namely the design of metal electrodes and their property of generating electrical fluctuations which may set a limit to the sensitivity with which the required bioelectric potentials can be detected. Such measurements are extremely difficult to make, and it was very comforting to find that his results agreed with my own in absolute magnitude. While in Boston I was delighted to be able to meet Dr. Denny-Brown at the Neurological Unit of the Boston City Hospital. It was a real privilege to meet this pioneer of clinical electromyography, and to hear of his more recent work with Dr. J. S. Meyer on cerebral circulation in brain injury, in which a thin platinum wire inserted into the brain acts as a polarographic electrode to measure rapidly changing oxygen tension.

Toronto.

Carrying Dr. Denny-Brown's good wishes to his many friends at Guy's, I left Boston in a blizzard, with inches of melting snow which made the apparently undrained car park of the famous Institute of Technology into a quagmire. It seems that gumboots will be a feature of the motorscape way of life until the technologists turn their attention to the problem of paving and draining the vast areas needed for parking. In the morning I awoke in Toronto to a day of brilliant spring sunshine. At the University of Toronto one cannot help being reminded of Oxford or Cambridge. The majority of the buildings surrounding the large grassy courts are mellowed with the weathering of more than half a century. Hart House, where I stayed, contains guest rooms, common rooms for students and staff, a dining hall of noble dimensions with panelled walls hung with portraits, and the indispensable college porter, unobtrusive and courteous. In the staff rooms you can find elderly dons in black coats and striped trousers reclining in mature leather-covered armchairs reading *The Times*.

My first assignment in Toronto was to visit the Anatomy Department to see Professor Basmajian, who is interested in electromyography and visited us at Guy's some time ago when Dr. Joseph and I were applying the method to a study of postural muscles. He arranged for me to give a talk and to show the Guy's film on this subject to a mixed audience of students, staff and physiotherapists, and afterwards he discussed with me his recently completed analysis of the functions of the flexor muscles of the elbow. In the nearby Charles H. Best Institute I met Dr. Casselman, who had corresponded with us about the transistor amplifiers developed at Guy's by Mr. R. E. George. The next day I saw the work of the radiation research group under Professor Johns. At present he is housed in the Physics Department of the University, but is looking forward to moving over to the new Institute for Cancer Research now nearing completion, where he is planning to instal a variety of low- and high-energy machines and isotope sources for radiobiological research. The fundamental work already in progress includes the development of a calorimetric method of measuring ionising radiation, so that a comparison with ionisation-chamber measurements has given a figure for the true energy absorbed per gram of tissue per röntgen of radiation dose. Another fundamental investigation is a detailed study of the scattering of γ-rays at all angles relative to the incident beam. A 100-channel pulse height analyser will be employed in conjunction with a scintillation detector to analyse the quality of the scattered radiation. A large computer is being used to aid the theoretical calculations.

I ended my very fleeting visit to Canada with a delightful week-end at London, Ontario, where I stayed at the home of the Bishop of Huron. My acquaintance with the Bishop and his wife stemmed from a chance meeting in the Holy Land a year earlier when I was visiting Jerusalem with my wife. This gave me a little breathing space to see something of the Ontario countryside, its river Thames and the tobacco fields characteristic of its county of Kent. However, it also provided me with the opportunity of talking to Dr. Burton, Professor of Biophysics at the University of Western Ontario, and last year's President of the American Physiological Society. This meeting, kindly contrived by my hostess, was particularly valuable since Professor Burton was able to tell me about an investigation of muscle activity carried out by Dr. Snyder, formerly one of his research students

and published only as a Ph.D. Thesis. This work, which overlaps my own, analyses the relationship between the amplitude of the electromyogram and the tension in the muscle, a subject which is of fundamental importance in the interpretation of electromyographic investigations of muscular activity.

Back in New York I once again descended upon my long-suffering friends, the Zaks, paid a hasty visit to the Statue of Liberty and embarked on the *Queen Mary*. The sight of the enormous funnels of the liners at their berths, almost in the heart of the city, is an exciting feature of the New York scene. Conversely, the famous skyline is seen at its best only when the ship has moved out into the Hudson River, and Manhattan Island with its lofty superstructure gets slowly under way and glides majestically past.

The motion of the *Queen Mary*, which had not yet been fitted with stabilisers, was characterised by a roll, sometimes combined with an exhilarating yaw, but like the *Queen Elizabeth's* pitch the period was long and most of us suffered no discomfort. Just to make it clear to American passengers that industrial disputes are not confined to their side of the Atlantic, the dockers in the South of England ports declared the *Queen Mary* "black", and she was exiled at Cherbourg. On the morning after we docked I picked up my *Daily Mail* to find a magnificent cartoon depicting an American family stranded on the quay at Cherbourg, hailing a passing fishing boat manned by blue-jowled French sailors. The caption said simply "Taxi!" The date was 1st April. The Cunard Company, as usual, came to the rescue with the "Ivernia", which put us ashore at Plymouth, whence we reached Paddington at 3 a.m. We had had our fill of strikes.

A few general impressions stand out as I look back after an interval of a few months—the magnificence of the view from the Empire State Building like a map of New York with the colours washed out by the blue haze, the exhilarating urgency of the building operations in every street as still serviceable buildings of massive masonry give way to loftier lighter structures of vertical columns filled in with metal and glass "curtains", the rectangular co-ordinate design of the American city, so that as Sir Hugh Casson has written, you see "the sky fall, clear and unobstructed, to the pavement at the end of every street, whichever way you look". On the other side of the picture is the overwhelming domination of ordinary life by the automobile. It is virtually impossible to carry out any of life's trivial but necessary activities without using a car. To get from drugstore to restaurant in a modern suburb the stranded pedestrian has to pick his way across half a mile of parking lots, between rows of bulbous 300 horse-power monsters, all grinning horribly and displaying enormous chromium plated teeth. In this environment one cannot help being particularly delighted to come across for example the magnificent collection of Rodin's sculpture in Philadelphia, or the fine Impressionist paintings in the New York Metropolitan Museum. But general impressions are notoriously unreliable and subjective; a visitor to this country might well make similar comments as he attempts to see something of London today. I will leave the last word to my Cambridge Tutor. I had written to him describing some of my experiences, in particular the rather pitying attitude of the American taxi driver when he had me labelled as a "Professor" (*i.e.* egg-head). The comment was "you would find the same in this country if you ever visited this country".

Sixty Years Ago

From Guy's Hospital Gazette, 22nd January, 1898.

Messrs. Thomas Christy & Co. have sent us a sample of compressed tablets of GLANDULEN, an organic preparation stated to have a specific action in tuberculosis of the lungs. The treatment of disease by the administration of animal organs or extracts has recently developed very rapidly. The bronchial glands are now being used in the treatment of tuberculosis, and the latest preparation is GLANDULEN. The glands are taken from freshly killed sheep and after cleansing are washed in alcohol in order to remove all traces of fat. They are then dried *in vacuo* at a low temperature, powdered, and sugar of milk added in such proportion, that when compressed into tablets of 3½ grains, each tablet is equivalent to 3½ grains of the original glandular substance.

The trials which have been made of this remedy show that it speedily improves the general condition, the appetite and weight being increased. Patients gain strength and their sleep becomes more refreshing, and night sweats become less severe and gradually disappear.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—1ST MARCH, 1958

Morning Session (10 a.m.—12 noon)

PHYSIOLOGY LECTURE THEATRE, MEDICAL SCHOOL
12 noon. Films.

THEATRE No. 3
10 a.m. An Operation — Mr. K. Hooper
Anaesthetist : Dr. A. W. Hind
11 a.m. An Operation — Mr. R. O. Holland
Anaesthetist : Dr. A. M. Hutton

THEATRE No. 4
10 a.m. An Operation — Mr. J. W. Mansie
Anaesthetist : Dr. D. M. Carnegie
11 a.m. Restoration of the Buccal Sulcus by Epithelial Inlay — Mr. D. M. Macdonald
Anaesthetist : Dr. P. J. Helliwell

DENTAL DEPARTMENT

Ground Floor

X-ray Department
Differential Diagnosis — Dr. F. L. Ingram and Mr. P. A. Long

Department of Preventive Dentistry
Gingivectomy — Mr. M. S. E. Gould
Clinical Cases treated in the Department — Mr. R. D. Emslie, Mr. A. J. Bridge, Mr. M. S. E. Gould, Mr. D. R. Taylor

Table Demonstrations :
Bacteriological Exhibits — Mr. C. W. T. Shuttleworth
Temporary splints — Mr. R. D. Emslie, Mr. A. J. Bridge, Mr. M. S. E. Gould, Mr. D. R. Taylor

Casualty Department
Some cases seen in the Department — Mr. A. R. Grice, Mr. J. C. Stephenson

First Floor

Department of Dental Prosthetics
Clinical Cases — Professor H. R. Fenn
Use of a cast Aluminium Alloy for denture bases — Mr. D. J. Neill
Impressions. Some causes of ill-fitting dentures — Mr. R. J. G. Day and Mr. R. B. Johns

Exhibition of Students' work

Special Anatomy
Teaching methods — Mr. R. O. Holland and Mr. J. W. Osborn

Dental Photographic Department
Special techniques used in Dental Photography — Mr. A. D. Robinson and Miss Whiteley, Photographer

Department of Dental Medicine
New department on view

Pathological specimens and sections — Professor M. A. Rushton, Mr. B. E. D. Cooke
The effect of the secretions of parotid and sub-maxillary glands on some micro-organisms — Mr. A. C. Kerr

Second Floor

Clinical Room I
11 a.m. Root resection of a molar under local Anaesthesia and intravenous Pethidine — Mr. A. R. Thompson
Anaesthetist : Dr. W. S. McConnell

Clinical Room II
Use of chisels and elevators — Mr. C. I. Hagger

Professor's Room
Operative Dental Surgery — Professor W. E. Herbert

Conservation Room
The Borden Airotor — Mr. W. A. Vale
Class IV restorations — Mr. A. D. Robinson
Root Canal Therapy — Mr. A. H. R. Rowe and Mr. W. C. McLachlan
The treatment and lining of the cavity floor — Mr. D. London
Indirect Inlays — Mr. P. Ayling and Mr. W. Boyle

Uniformity of technique .. .. Mr. P. Frank
The uses of Silicophosphate cement .. .. Mr. J. N. James
Exhibition of Students' work
Photographic exhibit shown at the International Dental Congress in Rome, 1957.

Children's Department
The problem of the extraction of the first permanent molars Mr. R. E. Rix
The significance of the lips in Orthodontic treatment planning Mr. W. J. Tulley
Undergraduate teaching material .. .. Mr. W. J. Tulley and Mr. A. C. Campbell
Cases under treatment .. .. Mr. H. Richards, Mr. M. S. E. Gould, Mr. H. D. A. Hope

Clinical cases will be presented by all Members of the Staff and a demonstration will be given of orthodontic research methods.

Afternoon Session (2-4 p.m.)

DENTAL LECTURE THEATRE
2.30 p.m. Lecture : "Cases referred by practitioners" .. Professor M. A. Rushton

DENTAL DEPARTMENT
Ground Floor

X-ray Department
Differential Diagnosis .. .. Dr. F. L. Ingram and Mr. P. A. Long

Department of Preventive Dentistry
Deepening the labial sulcus .. .. Mr. R. D. Emslie
Pressure packing .. .. Mr. D. R. Taylor
Clinical Cases treated in the Department .. .. .. Mr. R. D. Emslie, Mr. A. J. Bridge, Mr. M. S. E. Gould, Mr. D. R. Taylor

Table Demonstrations :
Bacteriological Exhibits .. .. Mr. C. W. T. Shuttleworth
Temporary Splints .. .. Mr. R. D. Emslie, Mr. A. J. Bridge, Mr. M. S. E. Gould, Mr. D. R. Taylor

Casualty Department
Some cases seen in the Department .. .. Mr. A. R. Grice, Mr. J. C. Stephenson

First Floor

Department of Dental Prosthetics
High temperature electrical resistance melting and centrifugal casting with the Arno Lindner machine .. .. .. Mr. D. J. Neill
Denture aesthetics .. .. Mr. R. D. G. Gain
Common errors in finished dentures .. .. Mr. P. M. Morris
Alginate impression technique .. .. Miss J. Elliott
Exhibition of Students' work

Dental Photographic Department
Special techniques used in dental photography .. .. .. Mr. A. D. Robinson and Miss Whiteley, Photographer

Second Floor
Clinical cases will be shown by members of the Dental Visiting Staff.

Clinical Room I and II

Clinical Cases

Professor's Room
Clinical Cases .. .. Professor W. E. Herbert

Conservation Room
The Borden Airotor .. .. Mr. W. A. Vale
Root Canal Therapy .. .. Mr. A. H. R. Rowe and Mr. W. C. McLachlan
The treatment and lining of the cavity floor .. .. .. Mr. D. London
Direct Inlays .. .. Miss B. Langrish
Uniformity of Technique .. .. Mr. P. Frank
Indirect Inlays .. .. Mr. P. Ayling and Mr. W. Boyle

Exhibition of Students' work
Photographic exhibit shown at the International Dental Congress in Rome, 1957.

Children's Department
Some Ward and Theatre cases .. .. Mr. K. E. Pringle and Mr. R. W. Willcocks
Undergraduate teaching material .. .. Mr. W. J. Tulley, Mr. A. C. Campbell

Clinical cases will be presented by all Members of the Staff and a demonstration will be given of orthodontic research methods.

Tea will be served on the First Floor of the Dental Department at 3.30 *p.m.*

CORRESPONDENCE

Letters to the Editor of the Gazette

Yes-Men

From Sir Heneage Ogilvie

SIR,—Having today opened my *Gazette*, I read with horror the first paragraph on the first page. Was this a new spirit in the old Hospital, or a new Editor trying a new gimmick ? I quote him :—

> "The student said 'Yes', But then the student always did say 'Yes'. That was exactly what he was there for. Have you ever thought what would happen if he said 'No' " ?

To me the supreme merit of a Guy's education is that it does not turn out yes-men. Ours is perhaps the only hospital in the world that keeps the true spirit of a University, which is an assemblage of students of varying degrees of seniority for mutual help, rather than a school where pupils are taught. Guy's has always had men who were adding to the knowledge of their time, but men who were also humble. We avoid Very Important People, who speak "in measured phrase that asks the assenting nod". We seek Very Earnest People, who speak to those who wish to hear of the light as they see it; who would rather have the silence of interest than the sycophancy of "Yes Sir" ; who are delighted to hear "Why Sir" ?, because it tells them that they have not yet made their message as crystal clear as it must be before it can take its place among the great truths; who would take "No Sir" as the welcome challenge to a Platonic dialogue with one who might be a Bright, Gull, or Wilks of the next generation.

Yours etc.,

HENEAGE OGILVIE.

12, Neville Court, N.W.8.

The Residents' Ball

SIR,—May we through the medium of your pages, inform your readers that the Residents' Ball will be held this year at the Park Lane Hotel, on Friday, 2nd May. Tickets will be priced at £3 10*s*. for dinner and dancing for two. Further details will be announced later.

Yours etc.,

K. B. TYRER,

D. G. YETMAN,

Ball Secretaries.

Great Maze Pond

SIR,—I was very interested to read your comment in *Passim* last week concerning the temporary closure of Great Maze Pond.

As one who often walks along this road to and from St. Christopher's, I have been impressed by the fact that the way is used by large numbers of pedestrians including several school children.

For these people to be forced to walk down Weston Street and back through Snowfields or Long Lane would be a real hardship. Such a detour for the heavy lorry—the cause of all the noise—can scarcely be called irksome and certainly not hardship.

Would not an approach to the Minister of Transport on these lines be fruitful—that Great Maze Pond should be closed to vehicular traffic, but that the rights of way for pedestrians be preserved ?

Yours etc.,

M. P. WILDERSPIN.

St. Christopher's House,
Guy's Hospital, S.E.1.

Landon Tea Party

SIR,—I would like to thank everyone who helped financially or in any other way with the Landon Tea Party. The children had an excellent time.

Looking at the minutes of the first Landon tea, 1897, I see that the children were presented with a loaf of bread. This year one of our gifts to them was a signed photograph of Tommy Steele ! !

Time marches on.

Yours etc.,

DORIS CHRIMES.
(Sister Out-Patients).

Guy's Hospital, S.E.1.

REVIEWS

A Primer of Paediatrics. By E. HINDEN. Macdonald. P.p. 356. *Price* 25*s.*

This book is intended for the senior student and family doctor. Although there are already several medium-sized textbooks of paediatrics, this volume is entirely new in its approach.

The subject matter is arranged in three sections, corresponding to certain age groups: from conception to four weeks, from four weeks to two years and from two years to puberty. This is a very sensible arrangement because one description often does not cover all age groups, the child's development being one of the most important modifying influences. In spite of this arrangement, repetition has been reduced to a minimum and is hardly apparent.

The biggest single criticism of this book is the absence of an index. This detracts from the book considerably as it is tedious to look up the contents page, and then have to search throughout one section for the information wanted. It is difficult to understand this omission as it is this unusual arrangement by age that especially demands a good index.

It is not possible to pick out for comment any particular sections as the standard is uniformly high, the subject matter being up-to-date, and lucidly presented. The early weeks and months are rightly considered the most important and, in fact, two thirds of the book are devoted to the first two years of life.

The refreshing method of presentation and clear style, in which the common diseases are so succinctly described, should make Dr. Hinden's book a most popular primer.

M.C.J.

Everyday Pædiatrics. By B. GANS and L. I. NORMAN. Faber and Faber, London. *Price* 12*s.* 6*d.*

This book has been written for the busy general practitioner. It is, the authors assert, dangerous for medical students. While this is perhaps an underestimate of the critical powers of the average medical students, it is fair to say that the book is unlikely to be of use for examination purposes.

Dr. Gans has arranged his subjects in alphabetical order, but it is easier to use the index. The seeker after knowledge can find much wisdom between the covers. The material is concise and dogmatic, but in parts controversial and debatable. Many busy general practitioners would find Dr. Gans' recommendations on early mixed feeding somewhat startling and would be loth to accept the view that such an apparently innocuous procedure "makes for brighter, livelier, healthier, tougher, happier and more alert babies", than do the more conventional and less time-involving methods by which they had hitherto successfully guided many busy mothers.

The second part of the book, by Dr. Norman, is a compact collection of information relating to the machinery for dealing with the multiple social problems of childhood. This will be of considerable value to all those engaged in the care of children.

One can only hope that busy general practitioners will find the time and the inclination to read this book.

S.M.

Clinical Pedodontics. By S. B. FINN. Published by W. B. Saunders C. *Price* 84s.

This book of 641 pages is a new attempt to provide the student and practitioner with an all-embracing text on dentistry for children. In attempting to cover a wide field including practice management, the psychological approach, basic sciences, techniques and some aspects of research it is bound to lay itself open to criticism from the specialist who may find that in his own field it is too dogmatic and incomplete.

Some sections dealing with practice management cannot apply in this country and may seem to us a little out of place, and perhaps less space might have been given to morphology of the teeth, with more attention devoted to diagnosis. The emphasis in the different sections leaves something to be desired ; for example in the section dealing with fractured teeth not involving the pulp, two pages are allotted to care of the pulp and seven to the "temporary-permanent" restoration. In this section the essential and careful follow-up is dismissed too abruptly.

It is interesting to note that Chapter twenty, "Periodontal Disease in Children" is by a Guy's man—Gilbert Parfitt—and is a balanced essay in a style to which we are accustomed.

It can be said in general that the student and practitioner will find this book interesting, but it is felt that some parts might well have been left out for they are too brief to be of value and are not solely the province of Children's Dentistry, whilst some of the dental sections would benefit from further elaboration.

A.C.C.

Medical Jurisprudence and Toxicology. By JOHN GLAISTER, J. P., D.Sc., M.D., F.R.S.E., F.R.F.P.S.(Glasg.), of the Inner Temple, Barrister-at-Law. Regius Professor of Forensic Medicine, University of Glasgow. E. & S. Livingstone. Edinburgh and London, 10th Edition. 1957. Pp. 720. Illustrations 225 *Price* 47*s.* 6*d.*

Glaister's Medical Jurisprudence and Toxicology first appeared fifty-five years ago, and since that time has acquired a world-wide reputation for its sound and scholarly exposition on legal medicine. The tenth edition has been brought up to date by reference to the many changes in the legislature which have appeared during the seven years since the last edition, and which are of importance to the medico-legist. The book is essentially for reference by all those who practise the speciality. With its 720 pages, generously illustrated and full of important medico-legal detail, it is too large for the medical student unless he has an especial interest in the subject. No student, however, is advised to complete his medico-legal studies without some reference to this book in order that he may discover for himself the wealth of material it contains.

Glaister's Medical Jurisprudence and Toxicology has always had a well-deserved reputation for its logical approach to forensic problems. This high standard is maintained throughout the new edition.

A.K.M.

The Shoulder. By JAMES CYRIAX, M.D., M.R.C.P. Cassell & Company, Ltd. 40 pages. *Price* 5*s.*

This little booklet is devoted entirely to the principles of diagnosis and treatment of soft-tissue lesions of the shoulder joint. It is presented in three parts, namely, the examination of the shoulder joint, the interpretation of the signs, and the treatment of the various conditions commonly encountered. The text is clear, brief and accurate and there is a sufficient number of line diagrams to so illustrate the author's points.

It is most gratifying, if not surprising, to find a book which is so orthodox in its views emanating from the pen of the writer of such controversial publications. Although probably the leading exponent of manipulative treatment in this country the author devotes less than one page to this form of therapy as applied to the shoulder joint. This is probably an indication of the current reversal of ideas of treatment relating to the shoulder joint which followed the introduction of local hydrocortisone therapy. Current views on the latter subject are extremely well summarised.

This booklet presents a remarkably succinct and valuable account of the subject for the reasonable outlay of 5*s.* No physician or surgeon concerned in the treatment of the shoulder joint should avoid reading this excellent treatise.

P.H.K.

Artificial Insemination in the Human. By A. M. C. M. SCHELLEN, M.D. 1957. Pp. xii and 420. Cleaver Hulme Press. *Price* 72*s.*

Your tyro gynaecologist did not believe it could be done—but here it is, a monograph of 420 pages (6 in. x 9 in.) on the subject of human insemination. It has been described as a classic and is likely to remain so, the most complete exposition of the subject available. Yet the mind boggles at the thought of 420 pages on the topic. For some gynaecologists, infertility hardly exists as a problem; this is an unreal attitude and one cannot think of a greater achievement than that of obtaining a successful pregnancy for a couple who have perhaps given up hope of having a child of their own. For those interested in infertility, the chances of practising insemination are not frequent and in this book will be found the answer to any query, if an answer exists.

The author is a resident in obstetrics and gynaecology at the University Hospital, Groningen (the Netherlands) and was born in 1927. There is no doubt that he has pretty well exhausted the literature of the Western world on the subject, for at the end of each chapter is a long list of references, and at the end of the book is a list nine pages long of additional bibliography. In addition, he has travelled in Europe and in the United States of America interviewing the leading authorities and studying their methods. The first half of the book deals with the historical aspect, the problem of sterility, the indications and contra-indications of the method and the techniques available. The other half of the book discusses the social, religious and legal attitudes of various communities; mentioning that three pages are devoted to artificial insemination and the unmarried woman will indicate that nothing has been omitted; (in the neighbourhood of Nice an announcement appeared in a paper " Miss X wishes it to be known that by the means of an artificial insemination she has become the mother of a healthy girl ").

The use of donor semen has not found many advocates in the British Isles. It is beset with difficulties and the more one considers it the less attractive it becomes; elsewhere it is viewed more favourably. The choice of donor is important, " he must be an honourable, upright person of good repute, as similar as possible in character to the ' prospective father '." Some " are in favour of recruiting donors from ' supermen,' like musicians, artists, poets, scholars, film stars, statesmen and so forth, according to the taste of the couple." In America it is often difficult to get a donor of the correct blood group and Rhesus factor, religious persuasion, phenotype, race, descent and nationality to suit the couple. It might be thought that pooling of donor semen would lessen some of the difficulties ; it was suggested that each city should have a semen bank but the idea has never been well accepted. However, in 1947, a number of gynaecologists in New York received a communication from a student !—" We offer semen drawn from healthy and investigated donors. Suitable types for your patients' specifications. Active specimens guaranteed and delivered daily. Confidential service, office hours 5.30 to 7 p.m."

The book is well translated, printed and bound. There was no indication of price on the copy received for review. It can be recommended wholeheartedly to all interested in infertility and for those who like to browse there is interest and humour. J.S.T.

Spot Diagnosis, Vol. III. Compiled by the editors of the *British Journal of Clinical Practice.* London, Harvey and Blythe Ltd., 1957, pp. 141. *Price* 10*s.* 6*d.*

This book is a compilation of clinical conditions illustrated by photographs reprinted from *Medicine Illustrated,* now renamed *British Journal of Clinical Practice.*

The first part is arranged with a clinical photograph on one page, and the diagnosis and an account of the condition on the next. Some of the photographs are memorable, excellent and instantly recognizable, but such conditions are few and in the remainder *Spot Diagnosis* is a euphemism for a guess based on insufficient evidence—subtly encouraging a very bad habit. In such cases the use of photographs seems forced. It is a pity that the clinical accounts are for the most part patchy and disorderly and set a bad example.

The second part is a presentation of twelve cases, some with illustrations, followed by discussion.

The book may be regarded as an experiment in the use of illustrations to enhance the teaching value of a description of a clinical case; and whilst it shows that it is a mistake to make the illustration the central feature and the case record subordinate to it, the guessing game is often stimulating and instructive.

There is neither a list of contents nor an index. R.L.

Clinical Application of Hormone Assay. By JOHN A. LORAINE. E. & S. Livingstone Ltd., 1958. Pp. 356. *Price* 30*s.*

The last few years have seen the development of so many new endocrine techniques that there has been a real need for a critical review of the available laboratory methods. In its rather specialised field this book fills that need admirably. It is written for the clinician who is interested in endocrinology and for the clinical pathologist who has to choose between research methods and practical techniques.

Much of the author's emphasis is practical and in these days of complex blood chemistry it is pleasant to be reminded that relatively simple estimations of the urine often provide a good guide to the rate of production of a substance in the body. Some of the techniques reviewed are of value in research rather than in clinical medicine but their field of application is wide and includes the endocrine changes in toxæmia of pregnancy, congestive cardiac failure, cirrhosis of the liver, rheumatoid arthritis and cancer.

A good feature of this book is a summary and list of references at the end of each chapter.

M.H.L.

Implant Dentures. By A. GERSCHKOFF and N. I. GOLDBERG. Pitman Medical Publishing Company, 1957. Pp. 250. *Price* 70*s.*

This text book, on what in this country is still regarded as a new and somewhat controversial prosthetic procedure, is based upon the extensive clinical experience of two of the pioneer workers in this field over the past nine years. They generously acknowledge the contributions made by colleagues whose experience and knowledge they have also drawn upon.

The authors rightly lay stress upon the fact that the technique which they describe in such excellent detail is an advanced procedure, only to be used in cases where the more orthodox methods have been tried in vain, and most of the cases quoted are of difficult edentulous lower jaws. They point out the difficulties which have to be faced and review the unsuccessful cases which they have encountered. There is no doubt that as a result of the technique which they have so carefully evolved Doctors Gerschkoff and Goldberg have already earned the gratitude of hundreds of "denture cripples", and the publication of this book will facilitate the successful treatment of many more.

This book is well produced, and illustrated by 327 high-quality photographs and diagrams. It is not intended as a textbook for undergraduate students, but it will be of considerable interest to Prosthetists who are already engaged in this work or are contemplating entering the field, and practitioners seeking enlightenment on various aspects of this technique will find most of their questions answered in the text.

D.J.N.

Modern Medicine for Nurses. By PATRIA ASHER, M.D. Heinemann. 4th edition. *Price* 22*s.* 6*d.*

This is a new edition of an excellent textbook. New material has been added, among others for example, a section on the action and use of cortisone, and new pictures have been included. Some of the other material has been rewritten. This remains one of the best medical textbooks for nurses, the chapter on diabetes being of particular value. It can most definitely be recommended to nurses and their tutors.

B.B.W.

SPORT

DR. DANIE CRAVEN

On Monday, 20th January, South Africa's Dr. Danie Craven conducted a Rugby training session in the morning at Honor Oak Park, and at 5.30 p.m. came to the Physiology Theatre where, with Mr. Nils Eckhoff in the chair, he talked on Rugby Football to a large and appreciative audience of staff and students. After greeting an old student in Aubrey Buirski, the Guy's captain, Dr. Craven paid a warm tribute to the British Lions team which toured South Africa, before moving on to an absorbing and penetrating study of tactics as he has observed them in use by all the national teams from New Zealand to France, from the 1930's up to this year's England-Wales match at Twickenham on 18th January. Dr. Craven warmed to his theme, and paid tribute to the spirit which British Rugby teams have taken abroad and imparted to the host countries, with the result that the Commonwealth possesses the priceless gift of sportsmanship in unwritten laws. An ovation greeted Dr. Craven when he joined the audience to watch a film of the Springboks' 1956 tour of New Zealand.

The Rugby Club are extremely grateful to Mr. H. J. B. Atkins for arranging Dr. Craven's visit.

RUGBY FOOTBALL

Guy's v. Plymouth Albion

At Plymouth. 11th January, 1958.

Result—Lost 8-0

As time approached for the start of the annual tour, the Hospital's hopes for convincing victories became correspondingly less, as increasing numbers of the regular XV reluctantly confessed their inability to make the trip, through injuries, and in the case of qualified members, pressure of work. Arriving at Plymouth with five reserves in the pack and two in the three-quarters, matters were further complicated when the Albion pitch was found unfit for play, and the game took place on the Manadon ground—a pitch in fair condition, but with a heavy gradient along the length of the field.

So with seven reserves against a regular Plymouth XV, Guy's took the field under Lindsey's captaincy to play the first half against the gradient but with a favourable cross-wind. Off as usual to an attacking start, Guy's, perhaps understandably, lacked the planning and cohesion necessary to press home their advantage and it was largely their initial supremacy in the loose that kept them in the Albion half. Cold weather and a sticky ball made handling difficult for both sides and Guy's were lucky to be able to use the wind in their kicking. Attempts at the Plymouth line were ineffectual though prolonged. Evans and Lindsey looked as if they might get through at some points, but were effectively blocked. Luckily for Plymouth scrum-half Kneebone started a move on the open side from a set scrum inside their 25, which wasn't stopped until well inside the Guy's half. The home team's handling was now slightly improved, but the general standard of back play was not good, and it was individual attempts at the line rather than organized assault which caused Guy's most concern, and once nearly drew a score when Maddocks, a home centre, went wide across the field to find a gap near the right corner. Covering was good, however, and the Hospital held the home team to a half-time draw.

It was all the Hospital's game in the opening minutes of the second half, but two set scrums on the Plymouth line, and a difficult penalty failed to bring a score. The Albion backs now were determined by any means to break quickly and the re-arranged Guy's back division were not given much time to formulate an effective attack. For some reason our forward play too suddenly became less inspired, and Kneebone eased the pressure for Albion with a quick break from the scrum and a kick ahead from which ensued a long scrappy mid-field duel in which both Nicholas for Guy's and Kneebone for Plymouth deserved credit for their attempts under difficulty to bring their backs into play.

This midfield struggle was interrupted by a Plymouth score when a Glastonbury cross-kick after a quick break from the loose, bounced well for Hall near the line giving him a lucky gap, and Glastonbury converted the try of his own making to put the home team ahead. They kept this lead through long minutes of fluctuant but unimpressive play until just before the close of play, Kneebone made a commendable break from a loose move just outside the Guy's 25 to give the scoring pass to Taylor who was able to touch down four yards from the left flag for an unconverted try.

To sum up—a win for Plymouth, deserved by virtue of the Hospital's second half inadequacy, particularly the forwards. The weakened side did well to hold the home team against the gradient for the first half and bearing that in mind the result was unexpecte dand disappointing.

Team: J. K. Duff; M. Pagliero, R. J. O. Smith, M. Lindsey (Capt.), C. E. Evans; G. W. Hackett, J. D. R. Nicholas; D. J. Richards K. Robertson, R. W. May, P. Harris, B. Blackwell, D. Bryant, J. Gritten, J. Sales.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL

The following **Dental House Surgeon** appointments have been made for the period February 8th to August 7th, 1958, by the House Committee :

General Duties: Mr. L. V. Howard, Mr. H. C. Pritchard, Mr. P. J. Stubblefield, Mr. H. K. Kemp.

Children's Department: Mr. B. S. Cryer.

Prosthetics Department: Mr. G. H. Forman.

Mr. E. M. Lasserson has been reappointed General Duties House Surgeon for the period February 8th to May 7th, 1958.

APPOINTMENTS VACANT

Applications are invited for the **Astley Cooper Studentship** tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being £140 per annum. Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, S.E.1, not later than **15th February, 1958.**

PASS LIST

UNIVERSITY OF LONDON

Ph.D.

Faculty of Science

J. Griffith

Diploma in Psychological Medicine

October, 1957

I. P. James

CONJOINT BOARD

D.A.

N. K. Ashurst	R. W. Hall
A. Berry	V. R. Jones
J. M. Clark	J. S. Miller

D.M.R.D.

R. C. Michell

D.P.M.

N. K. Macrae-Gibson	J. S. Stead
P. M. J. O'Brien	

L.R.C.P., M.R.C.S.

Final Examination
January, 1958

Pathology

J. T. Bavington	L. Kwasny
R. C. Bret-Day	C. M. Liassides
M. H. Brooke	A. J. Macfarlane
M. F. H. Bush	I. S. Muir
P. W. Clements	D. J. Richards
G. M. Davies	A. J. Taylor
*J. K. Duff	S. A. Vanar
*H. C. Evans	Ann E. R. Welch
J. S. G. Hayes	W. F. Whimster
I. N. L. Johnston	M. P. Wilderspin

Medicine

*R. D. S. Barnes	A. J. Macfarlane
*Elizabeth S. Bates	K. A. Olafimihan
J. T. Bavington	P. G. Parry
F. T. Brough	B. Pitt-Payne
R. S. Greenwood	Margaret J. Roberts
K. C. Hammond	J. F. Steele-Perkins
A. B. Hewitt	S. O. Wamuo
L. A. Lees	Ann E. R. Welch
C. M. Liassides	W. F. Whimster

Surgery

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*Elizabeth S. Bates	*Jean L. McNair
*G. B. Cornford	*S. A. F. O. McNamara
*Sheila M. Creegan	*G. R. Peachey
*J. K. Duff	*Alina T. Piesowicz
*Una M. Dugan	*H. D. W. Plowright
*M. K. Dunstan	*P. A. Robson
*R. W. Elsdon-Dew	*B. A. Ross
*H. C. Evans	*E. O. Sofowora
*Judith A. G. Fletcher	*Gillian Strube
*J. Hellewell	*R. J. Young
A. B. Hewitt	*I. I. Zayid
*P. W. James	

Midwifery

J. G. Allardice	L. Kwasny
*R. D. S. Barnes	M. Lindsey
J. T. Bavington	B. W. Maitland
M. F. H. Bush	*N. Malcolm
W. D. Callum	S. G. Moisey
P. W. Clements	K. A. Olafimihan
T. Crantock	J. T. Outred
*R. W. Elsdon-Dew	B. Pitt-Payne
*Judith A. G. Fletcher	B. R. T. Smith
K. C. Hammond	*E. O. Sofowora
J. S. G. Hayes	

*Have completed the examination.

NURSING NEWS

The following changes have taken place amongst the Nursing Staff.

Left :

Sister McEwan.
S/N S. Phillpott.
S/N A. *Fisher.*
S/N Clew.
C/M B. Webb.

Entered :

Sister R. M. Knights to *Evelina.*
S/M D. McKinley to *Nuffield D.*
S/M R. Afoch to *Victoria.*
S/N D. M. Jones to *Evelina.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

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